L20000289188

(Req	uestor's Name)	
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(Ĉity,	/State/Zip/Phon	e #)
(Requestor's Name) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

TO: Registration Section

Division of Co	orporations		
eun wer.	ANILA O PARADISE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SANDRO PAUL		
		Name of Person	
	ANILA O PARADISE LI	.C	
		Firm/Company	
	709 SW AVENUE B APT	r 3	
		Address	
	BELLE GLADE FL 3343	0	
		City/State and Zip Code	
	minosdro@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
SANDRO PAUL		561 708-2109 at ()	
Name	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANIŁA O PARADISE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>.)</u>
	were filed on 09/15/2020	and assigned
lorida document number L20000289188		
The Articles of Organization for this Limited Liability Company were filed on 09/15/2020 and assigned Florida document number 1.20000289188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		F71 8 TT.
		7.50 × [1]
Inter new mailing address, if applicable:	* 	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		m •
	iddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JACQUELINE PLACIUS	709 SW AVENUE B APT 3 BELLE GLADE	= Add
		FLORIDA 33430	□Remove
	•		Change
			□Add
			□ Remove
			□Change
			□Add
		SSI SSI ME	20 Change TD
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ective date, if other than the da effective date is listed, the date must be	te of filing:	(optional)	
effective date is listed, the date must be <u>e:</u> If the date inserted in this block	specific and cannot be prior to date of does not meet the applicable state	filing or more than 90 days after filin utory filing requirements, this dat	g.) Pursuant to 605 e will not be list	5.020 ted a:
ument's effective date on the Depa	rtment of State's records.			
cord specifies a delayed effective da	oto but not an affactive time, at 1	201 g m on the earlier of the T	"ha OOth day after	e tha
s filed.	ne, but not an effective time, at 12	2.01 a.m. on the earner of, (b)	ne 90m day and	ii tiik
SEPTEMBER 25	2020			
ed				
Sal	(d)			
	nature of a member or authorized rep			