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(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT: Parc	Name of Lim	ired Liabirdy Company	S. LLC.
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Erlianis	RIVES Med	bros
	Paradise	Cleaning (of Napios, LLC
	3420 <u>a</u>	7th Ave NE	
•	Napres F	City/State and Zip Code City/State and Zip Code CCMING 21 P Q To be used for futual annual report not?	
	Paradise Cl E-mail address: t	CONTROL AND A CONTROL OF THE CONTROL	mail-COM
For further information co	oncorning this matter, please co	all:	
Erlianis Name of	Rives Meda	<u>xOS</u> at (<u>7810</u>) <u>843</u> Area Code Daytim	c Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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 enclused)

TO:

Registration Section Division of Corporations

<u>Mailing Address:</u>
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Paradise Cleaning Of Naples, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10 22 2020 and assigned Florida document number L2000335201c

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the	imited liability company here:	
Paradise Cleaning & The new name must be distinguishable and contain the work.	Property Mair	TENANCE, LLC.
Enter new principal offices address, if applicable:	3420 27+	
(Principal office address MUST BE A STREET AI		
		.=:
Enter new mailing address, if applicable:	Same 1	()
(Mailing address MAY BE A POST OFFICE BON		
		÷2
		- S (N
B. If amending the registered agent and/or regist agent and/or the new registered office address her		
Name of New Registered Agent:	riianis Rives 1	nederas
New Registered Office Address:	420 27th Ave	NF.
	Enter Florida stree	
_	Noiples	
	City	Zip Code
New Registered Agent's Signature, if changing Regist	red 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 Changing Registered Agent, Signature of New Registered Agent

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
MaR	Roberto Valdes	3420 27th Ave. NE Naples, FL 34120	XAdd
			□Change
.			□Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Remove
			⊕Change
			□Add
			ElRemove
			Change
			□Add
			□Remove

	conding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	December 18 2023,
	Signature of a member or/authorized representative of a member
	ERLANIS Prives Mederen
	Typed or printed name of signee

Filing Fee: \$25.00