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(Document Number)
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COVER LETTER

TO: Registration So Division of Co		* * *	<i>.</i>
	ring Group LLC	•	e e
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Cordale D. Hart		
		Name of Person	
	IT Engineering Group LLC	/ Paradise Tech LLC	
		Firm/Company	
	4110 NE 22nd St.		
		Address	
	Homestead, FL 33033		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	cordalehart@msn.com		
	E-mail address: (10	be used for future annual report no	tification)
For further information of	oncerning this matter, please cal	l:	
Cordale D. Hart		561 306-6161	
Name c	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
		= \$55.00 PW P P	D SCARO PER . P
□ \$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 enclosed)
Mailing Addres		Street Address:	.,
Registration		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR 12 AM 8: 05

(Name of the Lin	i ted Liability Co (A Florida Lim	ompany as it now appears on our records nied Liability Company)	TALL TOTE FL
The Articles of Organization for this Limited Florida document number L21000147972		oany were filed on March 30, 2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
Paradise Tech LLC			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRES:	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4110 NE 22nd St.	
		Homestead, FL 33033	
		(Same)	
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		fice address on our records, <u>enter t</u>	the name of the new regist
	N/A	· <u></u>	
New Registered Office Address:	IN/A	Enter Florida street address	<u>. </u>
		Fla	rida
		, F10	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 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
N/A			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□ Add
			Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
		<u></u>	□Remove
			□Change

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Affective dat	, if other than the date of filing e is listed, the date must be specific and	(Filing Date)	ita of filing or more than	(optional)	enant to 605 020
Note: If the d	te is insted, the date must be specific and the inserted in this block does not meetive date on the Department of St	eet the applicable			
record specif Lis filed.	es a delayed effective date, but not	an effective time,	at 12:01 a.m. on the o	earlier of: (b) The 90	th day after the
March	9th	2022			

Filing Fee: \$25.00