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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	PARADIS	E CREATIVE HOMES REAL	ESTATE	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		ANDRES GUERRA		
			Name of Person	
			Firm/Company	
		621 CAPE CORAL PKW	Y E	
			Address	1 12 11 1
		CAPE CORAL, FL 33904		
		andresguerrav@yahoo.com	City/State and Zip Code	
		=	to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please c	all:	
ANDRES G	UERRA		321 977 3747	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
≅ \$ 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	ling Addres gistration S	Section	Street Address: Registration S	
Div	ision of C	orporations	Division of Co	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

PARADISE CREATIVE HOMES REAL ESTATE

(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 $\frac{05/2}{}$	7/2021	and assigned
Florida document number L21000248862	 <u>-</u> .		> 0
Troited document fidinger			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<u>:</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		•	
• • • • • • • • • • • • • • • • • • • •			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		-	
B. If amending the registered agent and/or registered office a	address on our rec	ords, enter the name	of the new registered
agent and/or the new registered office address here:		,	
Name of New Registered Agent:			
New Registered Office Address:	Entan Florid	street address	
	Enter Plorita	i street adaress	
	, Florida		
	-		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete			

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>	<u>Address</u>	Type of Action
AMBR	DELGADO, KAREN A	621 Cape Coral Pkwy E UNIT 12	
		CAPE CORAL, FL 33904	■Remove
			□Change
		□Add	
			□Remove
		□ Change	
		□Add	
		□Remove	
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		☐ Change	
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,	tion, enter change(s) here: (Attach additional sheets, if nece	230tu y . y
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E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after ock does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605,0207 (3
f the record specifies a delayed effective ecord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2022	2022 / TÄLL /
174100	/ A 1	:
		APR 2
	Signature of a member or authorized representative of a member	2022 APR 28 AH

Filing Fee: \$25.00