

L21 000 254389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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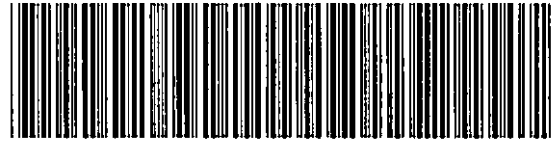
(Business Entity Name)

(Document Number)

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AUG 07 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sun Life Paradise LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco MATOS  
Name of Person

Sun Life Paradise LLC  
Firm/Company

1480 NW North River Dr  
Address

Apt 1101 Miami, FL 33125.  
City/State and Zip Code

F. MATOS 1976-@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco MATOS. at (786) 448-0801  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

**Mailing Address:**

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

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TALLAHASSEE, FL 32303

FRANCISCO MATOS

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

Sun Life Paradise 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 June 12, 2021 and assigned Florida document number 221000254389

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1480 NW North River Dr  
Apt 1101  
Miami FL 33128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**B. If amending the registered agent and/or registered office address on our records, 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:

<u>Enter Florida street address</u>		2021 JUL 27	FILED
<u>City</u>	<u>Florida</u>	<u>Zip Code</u>	

**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>	<u>Address</u>	<u>Type of Action</u>
<del>Agent</del>	<del>Francisco MATOS</del>	<del>1480 NW North River Dr</del>	<input type="checkbox"/> Add
	<del>Francisco MATOS</del>	<del>Apt 1101 Miami FL 33125</del>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Francisco MATOS	1480 NW North River Dr	<input checked="" type="checkbox"/> Add
		Miami FL 33125 Apt 1101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALLAHO, J. C.

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TILLAMOOK

Effective date, if other than the date of filing: 03/15/2014 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Furnished Motors

Francisco MATOS

Typed or printed name of signee