13:03 PM

TO:18506176381

FROM: 4073703120

9/3/21, 3:54 PM Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000330206 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARADISE HAVEN LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

SEP 0 9 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

09/7/2021 13:03 PM age: 4

TO:18506176381 FROM:4073703120

COVER LETTER

| | stration Sect sion of Corpo | | | |
|-------------------------|--------------------------------|---|---|---|
| CITATO ARE COME | | HAVEN LLC | | |
| SUBJECT: _ | | Name of Limi | ted Liability Company | |
| The enclosed | Articles of Ar | mendment and fee(s) are subi | nitted for filing. | |
| Please return : | all correspond | dence concerning this matter t | to the following: | |
| | | CAROLINE LARSON | | |
| | | | Name of Person | |
| | | LARSON ACCOUNTING | & CONSULTING SERVI | CES, LLC |
| | | | Firm/Company | |
| | | 7901 KINGSPOINTE PKV | VY. SUITE 17 | |
| | | | Address | |
| | | ORLANDO, FL 32819 | | |
| City/State and Zip Code | | | | |
| | | CONSULTING@LARSON | | |
| | | E-mail address: (t | o be used for future annual rep | ort notification) |
| For further in | formation con | ocerning this matter, please ca | ill: | |
| OSCAR HELION SOARES | | 572 59 62 | 81 | |
| | Name of I | Person | Area Code | Daytime Telephone Number |
| Enclosed is a | check for the | following amount: | | |
| ■ \$ 25.00 Fi | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose |

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

age: 5 09/7/2021 13:03 PM TO:18506176381 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PARADISE HAVEN LLC | | 0 <u>021</u> S | |
|---|------------------------------------|-----------------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our rec | ords.) > 1 | |
| The Articles of Organization for this Limited Liability Company Florida document number L21000345936 This amendment is submitted to amend the following: | | and assigned PH 1: 27 | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| PARADISE HEAVEN LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L | .LC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 8979 COCO PALM RD | | |
| (Principal office address MUST BE A STREET ADDRESS) | KISSIMMEE | | |
| | FLORIDA 34747 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ent</u> | er the name of the new registered | |
| Name of New Registered Agent: N/A | | | |
| New Registered Office Address: | Enter Florida street add | Iress | |
| | , Florida _ | | |
| | 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.

age: 6 09/7/2021 13:03 PM TO:18506176381 FROM:4073703120

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---|-------------|---------|----------------|
| | | N/A | □ Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Ađd |
| | | | |
| | | | □Change |
| *************************************** | | , | □Add |
| | | | □Remove |
| | | <u></u> | □Change |
| | | | DAdd |
| | | <u></u> | Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

TO:18506176381 FROM:4073703120

09/7/2021

13:03 PM

Filing Fee: \$25.00