

L21000512199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

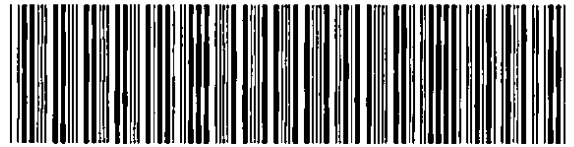
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 AUG 16 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT

SEP 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Shop 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:

Xiomara E Lugo

Name of Person

Firm/Company

576 Cassia DR

Address

Davenport, FL 33897

City/State and Zip Code

lugoxiomara01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xiomara E Lugo

407

715-1284

at ()

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

Paradisus Shop LLC

The Articles of Organization for this Limited Liability Company were filed on 12/02/2021 and assigned Florida document number L21000512199.

XL Investments LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City:

Zip Code

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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(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)

Dated August 10 2023

Veronica J. [Signature]
 or authorized representative of _____

Signature of a member or authorized representative of a member

Xiomara E Lugo

Typed or printed name of signee

Filing Fee: \$25.00