L21000512199

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COVER LETTER

	Registration Se Division of Cor	,						
cath the	Paradisus	Shop LLC	· ·					
SUBJEC	.1:	Name of Lim	ited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
		Xiomara E Lugo						
			Name of Person					
			Firm/Company					
		576 Cassia DR		· · · · · · · · · · · · · · · · · · ·				
		Davenport, FI 33897	Address	2023 AUG 16 PH 3: 30 SECRETARY OF STATE TALLA JASSEE, FL				
	IDSSEE S							
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification) E. F.L. 3.				
Xiomara	a E Lugo		407 715-1284	141 (
	Name o	t Person	Area Code Daytin	ne Telephone Number				
Enclosed	l is a check for the	he following amount:						
□ \$25.	00 Filing Fee		☐ \$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 Registration 5		<u>Street Address:</u> Registration Sc	ection				
Division of Corporations			Division of Corporations					
	P.O. Box 632 Tallahassee,	27	The Centre of	•				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradisus Shop LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000512199	were filed on 12/02/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
XL Investments LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	023
	二百	35 7
Enter new mailing address, if applicable:	AN	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	-0 111
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B. If amending the registered agent and/or registered office a	ddress on our records, enter the name	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pagent filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutics, and I am fan rovided for in Chapter 605, F.S. Or, if	niliar with and this document is
If Chan	ging Registered Agent. Signature of New Regist	ered Agent

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>	<u>Address</u>	Type of Action
			□Remove
			Change
-			□ Add
			□Remove
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ective date, if other than the effective date is listed, the date mus	date of filing:	annot be prior to	date of filing	or more than 9	(optiona	l) w.) Pursu	ant to 605.02
te: If the date inserted in this blument's effective date on the D	ock does not me	et the applicab					
cord specifies a delayed effectiv s filed.	e date, but not a	n effective tim	e, at 12:01 a	.m. on the ca	rher of: (b)	The 90th	day after th
August 10		2023	,				
	Xion/ara Luc Signature of a m	- n/ -	(
	Monjaia Luc	P Var	رن من	adve dry men	,		

Filing Fee: \$25.00