

L22000129420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

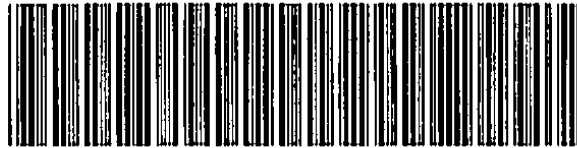
(Business Entity Name)

(Document Number)

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10/31/23--01015--011 **25.00

FILED

2022 OCT 31 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FL

ef 1/22/2023

Registration Section
Division of Corporations

PARADISE BAR & GRILL LLC

OBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SALINAS, JOSEPH A

Name of Person

Firm/Company

208 JACKSON LOOP

Address

DELAND, FL 32724

City/State and Zip Code

Paradisorangecity@outlook.com

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

For further information concerning this matter, please call:

SALINAS, JOSEPH A _____ 917 474-7624
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Amount used 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

TO
ARTICLES OF ORGANIZATION
OF

FILED

PARADISE BAR & GRILL LLC

2022 OCT 31 PM 12:56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 03/15/2022 and assigned

document number L22000129420.

amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

ENCANTO OF ORANGE CITY LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

915 S VOLUSIA AVENUE

Principal office address MUST BE A STREET ADDRESS

ORANGE CITY, FL 32763

For new mailing address, if applicable:

915 S VOLUSIA AVENUE

Mailing address MAY BE A POST OFFICE BOX

ORANGE CITY, FL 32763

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: _____

Enter Florida street address

_____, **Florida** _____

City

Zip Code

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 understand 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

Removed from our records:

= **Manager**

R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
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	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: _____ (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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Effective date: OCTOBER 26, 2022

Signature of a member or authorized representative of a member

Handwritten signature of Joseph A. Salinas

JOSEPH A SALINAS

Typed or printed name of signee