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TO:

Registration Section

Tallahassee, FL 32314

Division o	f Corporations				
	ARADISE RETREATS, LLC	,	\$		
SUBJECT:	Name of	, ,			
The enclosed Articl	es of Amendment and fee(s) are	submitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
		MARIO TELLO			
		Name of Person			
	BUSINESSBK. LLC				
	Firm/Company				
		7791 NW 46TH STREET, Suit	22 AUG 10 AH 10: 5		
		Address			
		Doral, FL 33166	() A		
		City/State and Zip Code	<u> </u>		
	info@businessbk.com E-mail address: (to be used for future annual report notification)				
For further informa	ion concerning this matter, pleas		a nouncemon)		
MARIO TELLO			798-0274		
N	ame of Person	at () Area Code D	aytime Telephone Number		
Enclosed is a check	for the following amount:				
□ \$25.00 Filing F	ce \$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)		
<u>Mailing A</u> Registrat	ddress: ion Section	Street Addre Registration			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre	of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARADISE R	ETREATS, LLC		
(Name of the Limited Liability Com (A Florida Limite	inany as it now appe ed Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Compare Florida document number 1.22000137212	ny were filed on _	FLORIDA	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company l	iere:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		 -	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)			22
			AUG
Enter new mailing address, if applicable:	**************************************		
(Mailing address MAY BE A POST OFFICE BOX)			2
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our	records, <u>enter the nar</u>	ne of the new registered
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 Ager			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance o is provided for in	f my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

THE STORY OF SOUTH AND THE PARTY OF SOUTH AND THE SOUTH AN

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>	Address	Type of Action
AMBR	EMMA HEWITT	1418 CORDOVA ST	≣ Add
		CORAL GABLES, FL. 33134	□Remove
			□Change
			□Add
			□Remove
			27 AUG I
			AM Bonove SIAI
			□ Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Typed or printed name of signee