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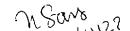
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## COVER LETTER

TO: Registration Section **Division of Corporations** AVE PARAISO HOSPITALITY SERVICES LLC SUBJECT: \_\_ 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: MILJIAN Y VILLALTA NUNEZ Name of Person Firm/Company 1881 NE 49TH CT Address POMPANO BEACH, FL 33064 City/State and Zip Code mvillaltanunez@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MILJIAN Y VILLALTA NUNEZ Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVE PARAISO HOSPITALITY		-		
(Name of the Lin	nited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Comp	any were filed on $\frac{05/2}{2}$	25/2022	and assigned
Florida document number L22000243042	·			
his amendment is submitted to amend the fo	llowing:			
. If amending name, enter the new name	of the <u>limited l</u>	iability company her	<u>·e</u> :	
AVE PARAISO LLC				
he new name must be distinguishable and contain the	words "Limited L	iability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STRE	ET ADDRESS	2		
nter new mailing address, if applicable:		N/A	,	
Mailing address MAY BE A POST OF FICE	E BOX)			<u> </u>
. If amending the registered agent and/or	registered offic	ce address on our rec	ords antar the no	me of the new regis
gent and/or the new registered office addr	ess here:	te address on var rec	orus, <u>enter the na</u>	ine of the new regis
Name of New Registered Agent:	N/A	<u> </u>	<del></del>	
New Registered Office Address:	N/A			
		Enter Florid	a street address	
			, 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.

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
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un effec	ctive date is liste	ed, the date mus	st be specific a	and cannot be a	prior to date of fi	ling or more tha	- 00 1	CIT N PS	to 605.020
cume	nt's effective	date on the D	epartment of	f State's reco	prior to date of the pricable statute ords.	ory filing requ	urements, this	date will not b	e listed a
ecord is file	specifies a de d.	layed effectiv	e date, but n	ot an effectiv	ve time, at 12:0	I a.m. on the	earlier of: (b)	The 90th day	y after the
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Typed or printed name of signee