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COVER LETTER

TO: Registration Division of O	Section Corporations				
	ISE RANCH 22 LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Christy Montilva				
	- 	Name of Person	-, -	•	
	PARADISE RANCH 22 L	I.C	SECH	2023 S	,**
		Firm/Company		Ľģ	
	1780 Ivy Way			22	•
	·	Address	1673		***
	Naples, FL., 34117		1946. ተመጀመ የነገር :	±:⊤ ເ	, v ^r
	D 1 10 2022C	City/State and Zip Code	re:		
	Paradiseranch/Ic2022@gma	id.com to be used for future annual report notification			
For further informatio	n concerning this matter, please e	·			
Christy Montilva		239 231-0927 at ()			
Nam	e of Person		ephone Number		
Enclosed is a check for	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fi Certifica Certified tadditional	te of St Copy	atus &
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str	itions hassee	10	
rananassee	5, FID 34314	Tallahassee, FL 323		1.07	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/03/2023 and assigned florida document number 1.22000424882 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida Giv Zip Code	PARADISE RANCH 22 LLC				
Florida document number 1.22000424882 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our re bility Company)	cords.)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tap Code					
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If 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 City Zip Code	The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	'LLC" or the abbrev	iation "L.IC."	
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:			7.7. 20.7.		
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	(Mailing address MAY BE A POST OFFICE BOX)			C/I	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	B. If amending the registered agent and/or registered office ad	ldress on our records. <u>e</u>	nter the name o	f the new registe	
New Registered Office Address: Enter Florida street address Florida Zip Code	agent and/or the new registered office address here:				
City Zip Code	Name of New Registered Agent:				
GIA CHAIN CHAI	New Registered Office Address:	Enter Florida street o	iddress		
GIA CHAIN CHAI			_, Florida	Tin Cada	
New Registered Agent's Signature, if changing Registered Agent:		City		zaji Canc	

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 Changing Registered Agent, Signature of New Registered 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>	Address	Type of Action
MGR	Jose J. Montilva	1780 Ivy Way, Naptes, FL., 34117	
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			□Change
			🖾 Add
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record specifies a delayed effect is filed.	ive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
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Filing Fee: \$25.00