L23000138462

(Requesti	or's Name)
(Address))
(Address))
(City/State	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
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SECNETARY FOR STATES

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Paradisc by	Design Travel LLC		24
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- ondence concerning this matter		
	Sally Teresa Raiford	Name of Person	
	Paradise by Design Travel		
		Firm/Company	
	10305 Newport Cir	Address	
	Tampa, FL 33612		
	sally@paradischydesigntrav	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter, please concerning this matter).	to be used for future annual report not	ification)
Sally Teresa Raiford			
	of Person	at (702) 477-5757 Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise by Design Travel LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	records.)	
he Articles of Organization for this Limited L	iability Company	were filed on March 17, 2	2025 and assigned	
lorida document number L23000138462				
his amendment is submitted to amend the following	owing:			
a. If amending name, enter the new name o	f the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applic	able:	10305 Newport Cir		
Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33612		
	_		2023	
Inter new mailing address, if applicable:		10305 Newport Cir	3 AUG 2	
failing address MAY BE A POST OFFICE BOX)		Tampa, FL 33612	we will	
. If amending the registered agent and/or ogent and/or the new registered office addre		address on our records,	enter the name of the New registe	
Name of New Registered Agent:	Sally Teresa Ra	aiford		
New Registered Office Address:	10305 Newport Cir			
		Enter Florida street	address	
	Tampa		_, Florida <u>33612</u>	
		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 Changing Registered Agent, Signature of New Registered Agent

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>	Name \	Address	Type of Action
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			□ Remove
			☐ Change
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ecord specifies a	delayed effective date	, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) The 90th	day after th
is filed.						
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