Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000299461 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Ema

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

: (844)449-3624

Fax Number

: (512)597-0678

**Enter the email address for this business entity to be used for future. anni

ual	report	mailings.	Enter	only	one	emaiĺ	${\tt address}$	please. **	دت	1
il /	Address	:							<i>.</i> ::	;
									<u>:</u>	•

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARADISE PRESENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T. LT TUX SEP - 4 2024 Īo:

TO:	Registration Section	
	Division of Corporations	

Paradise Pre	sents LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	Allison Monzon		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	 .
	236 V. Callina And Sales 2		
	336 E. College Ave Suite 3	Address	<u> </u>
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	-
	fulfillment@zenbusiness.com		Ta Sta Silve
	E-mail address; (to	o be used for future annual report not	псанов)
For further information co	neerning this matter, please ca	11:	
c/o ZenBusiness INC		844 493-6249	
Name of	Person	at ()	ne Telephone Number
Enclosed is a check for the	: following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

2024-09-04 10:37:09 UTC=14 COVER LETTER

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallaliassee, FL 32314

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

ĪQ:

18506176383

From: ZenBusiness User

2024-09-04 10:37:09 UTC+14 185 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise Presents LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	my as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000323735</u>	were filed on 2023-07-07	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		24 SEP
Enter new mailing address, if applicable:		رې رــــ ,
(Mailing address MAY BE A POST OFFICE BOX)		
		5 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		<u></u> .
New Registered Office Address:		
New Adgistered Office Address.	Enter Florida street address	
	, Florie	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and a provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is

H Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5 2024-09-04 10:37:09 UTC=14 18506176333 From: ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the one, 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
MGR	Spencer Herard	5576 Arhor ClubApt 4Boca Raion, FL 33433	= Add
			□Remove
			□Change
AMBR	Eric Spik Martinez	132 Nw 10th AveDelray Beach, FL 33444	□Add
			≡ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			Dadd
			□Remove
			ПСрапее
		 	🗖 Add
			Remove
			□Change

				
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ective date, if other than the offective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	ck does not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not b	to 605.020 be listed a
cord specifies a delayed effective filed.	date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th day	y affer th
ed	. 2024	·		
/s/ Anthony M	lark Paulino			
	signature of a member or auth	orized representative of a	nember	