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2023 SEP 14 PH 5: 33

Office Use Only

ef 9/29/2023

COVER LETTER

TO: Registration Se , Division of Cor	ction porations		
	E DREAMS PROPERTY INVI	ESTMENTS LLC	
SUBJECT:	Name of Lim	ited Liability Company	 _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DIOSLAY HONDARES N	MORENO	
		Name of Person	
	PARADISE DREAMS PR	OPERTY INVESTMENTS LLC	
		Firm/Company	
	19451 E. LEVY ST		
		Address	
	WILLISTON, FL 32696		
		City/State and Zip Code	
	dioslayhondares@icloud.co		
	E-mail address: (to be used for future annual report notification	n)
For further information c	oncerning this matter, please ca	all:	
DIOSLAY HONDARES	MORENO	786- 316-3150	
Name o	f Person	at () Area Code Daytime Telep	phone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & [Certified Copy (additional copy is enclosed)	Section 1 Section 2 Sectio
Mailing Address Registration S	Section	Street Address: Registration Section Division of Corporate	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 14 PH 5: 34

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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 registered	PARADISE DREAMS PROPERT	Y INVESTMENTS	S LLC	- 14 FH 5: 3
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: N/A Enter Florida street address Enter Florida street address	(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
A. If amending name, enter the new name of the limited liability company here: N/A 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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: N/A Enter Florida street address		iability Company	were filed on 08/30/2023	and assigned
N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: N/A Enter Florida street address	This amendment is submitted to amend the fol	lowing:		
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Mailing address MAY BE A POST OFFICE BOX N/A	• •		N/A	
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: N/A Enter Florida street address	Enter new mailing address, if applicable:			
Name of New Registered Agent: New Registered Office Address: N/A New Registered Office Address: N/A Enter Florida street address	(Mailing address MAY BE A POST OFFICE	BOX)	N/A	_
	agent and/or the new registered office address Name of New Registered Agent:	N/A N/A	Enter Florida street address	
City Zin Code		17//3		

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
AMBR	LUIS G CONTRERAS	3401 SW 122 ND CTMIAMI, FL 33175	□Add
		· · · · · ·	■ Remove
			□Change
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			□Remove
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ffective date, if other than the an effective date is listed, the date must	be specific and cannot be prior to	o date of filing or more the	(optional) m 90 days after filing) Pursuant to 605 026
Note: If the date inserted in this blo locument's effective date on the De	ick does not meet the applical	ble statutory filing requ	irements, this date	will not be listed a
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Filing Fee: \$25.00