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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARIDISE ISLAND REALTY LLC



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T. LEMIEUX JAN 23 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIDISE ISLAND REALTY LLC		
(Name of the Limited Liability Con (A Florida Limit	ngany as it now appears on our re ed Liability Company)	gords.)
The Articles of Organization for this Limited Liability Compa	my were filed on 01/16/2024	and assigned
Florida document number 1.24000017894		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
Paradise Island Realty LLC		
The new name must be distinguishable and comain the words "Limited Li	ability 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)		
		<u>. </u>
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		
	,	***************************************
		and the same
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	te address on our records, <u>c</u> i	nter the name of the new registers
		202
Name of New Registered Agent		
- 19111 VI. 15 VI. 15 VII. 15		W 2
New Registered Office Address:	EnterFloridastreetas	5 · V A
	r,nær r tot toustræetik	# P = M
	City	Florida Co
		1 St. 21
New Registered Agent's Signature, if changing Registered Age	nt:	יין ני:

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 nonfied in writing of this change.

To: Page: 5 of 6

2024-01-22 10:50:12 CST

Lexitas

From: Avi Weiss

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Change
			Dvqq
			□Remove
			□./\ild
			□Remove
			Change
			DAdd
		<u></u>	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add

		10 The 1 Co. 1	

	be specific and cannot be prior to ck does not meet the application	(optional) to date of filing or more than 90 days after filing) Pursiable statutory filing requirements, this date will r	
f the record specifies a delayed effective ecord is filed	date, but not an effective tir	me, at 12:01 a.m. on the earlier of: (b). The 9th	n day after the
Dated JANUARY 22	2024	_·	
/S/ AVI WEIS	S		
5	ngnature of a member or autho	rized representative of a member	
AVIWEISS			
	Typed or printe	d name of signee	·