

L24000300380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

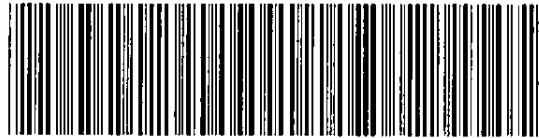
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/03/24--01039--021 \*\*25.00

STATE  
OFFICE, FL

PM 12:35

CLERK

09/03/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cuban Sugar LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lais Cabrera Diaz  
Name of Person

  
Firm/Company

20281 sw 110<sup>th</sup> court  
Address

cutler bay, Florida, 33189  
City/State and Zip Code

laiscabrera@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ( Lais Cabrera Diaz , (727) 641-1834 )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**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 07/03/2024 and assigned  
Florida document number L24000300380.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lais's Paradise LLC

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)**

20281 sw 110<sup>th</sup> court cutler bay, florida, 33189

**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*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Lais Cabrera Diaz	20281 sw 110 <sup>th</sup> court cutler bay, Florida 33189	<input type="checkbox"/> Add
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TAXPAYER ID: 123456789  
DATE: 01/12/2023  
TIME: 12:35 PM  
OFFICE: TAMPA, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2016-03-03 PM12:35  
CLERK OF STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

Lais Cabrera Diaz

**Filing Fee: \$25.00**