

44000100519

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : KOEPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561)659-6455
Fax Number : (561)659-7006

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

Email Address: _____

REC'D
15 APR -2 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 409E PARADISE VILLAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 409E PARADISE VILLAS, 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:

JOEL P. KOEPEL, ESQ.

Name of Person

KOEPEL LAW GROUP, P.A.

Firm/Company

400 S. AUSTRALIAN AVE #300

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JOEL@KOEPELLAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL P. KOEPEL, ESQ.

Name of Person

561

at (Area Code)

659-6455

Daytime 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 Copy (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

409E PARADISE VILLAS, LLC

(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 June 23, 2014 and assigned Florida document number L14000100519

This amendment is submitted to amend the following:

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

347 FLAMINGO DRIVE, LLC

The new name must be distinguishable and end with 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)

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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

City, Florida 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ROCCO MANGEL	400 S. AUSTRALIAN AVE #300	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 15
 Add
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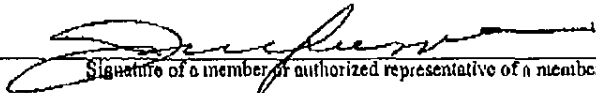
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1, 2015



Signature of a member or authorized representative of a member

JOEL P. KOEPEL

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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