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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: Palm Paradise Realty Group, 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:
Marcus Larrea Name of Person
Palm Paradise Realty Group LLC Firm/Company
6385 Presidential Ct. #104
Ft. Myers, FL 33919 City/State and Zip Code Marcus @ Falm Paradise Group.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcus Larea at (239) 826-3427 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
★ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Paradise Reult (Name of the Limited Liability Compa (A Florida Limited I.	y Group, LLC	
(Name of the Limited Liability Compa) (A Florida Limited I.	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{12/27/2023}{}$ and assigned	
Florida document number <u>L2400005326</u> .	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new_registere</u>	<u>:d</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is t	

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>	Address	Type of Action
MGR	Kevin Rosenthal LLC	6385 Presidential Ct #104	_ X Add
		Ft. Myers, FL 33919	_ □Remove
			_ □Change
			_□Add
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record specifies a delayed of	effective date, but n	iot an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th d	ay after the
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	Signature of	a member or authorized repres	entative of a member		PH ,
				1.1.1	-35- 17
)	Marcus	Larrea Typed or printed name of s		E S	.; ₹

Filing Fee: \$25.00