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## 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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number 1 (561)694-1639

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURPRISE IN PARADISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURPRISE IN PARADISE LLC		_			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Company lorida document number L15000001193	were filed on 01/05/2015	and assigned			
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
enter new mailing address, if applicable:  Mailing address MAX BE A POST OFFICE BOX)					
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		CRE CRE			
Name of New Registered Agent:		12 17/18 17/18			
New Registered Office Address:		FO A			
	Enter Florida street address Florida	SIA C			
cw Registered Agent's Signature, if changing Registered Agent:	• •	Sztp.Codi			
A. VACIONAL AN AMERICA & DISTRIBUTED IN CRUMBING ACCRESSION OF MACHINE		gree to comply with the			

If Changing Registered Agent, Signature of New Registered Agent

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.

\_D Add

\_□ Remove

\_ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
MGR Ekaterina Vlasov	Ekaterina Vlasov	818 WHITE STREET, SUITE 3	Add
		KEY WEST, FL 33040	Remove
			☐ Change
<del></del>			_ □ Add
			□ Remove
			Change
			□ Remove
			☐ Change
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Filing Fee: \$25.00