L04000	0069736
(Requestor's Name) (Address) (Address)	700130575947
(City/State/Zip/Phone #)	06/04/0801006009 ++35.00
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 08 JUL II PM 3:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	T. HAMPTON JUL 1 4 2008 EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations

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IND KACAT SUBJECT: (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:

ACQUES HRDISSON (Name of Person)) Aradise, DONCHINE SCAUNE 33138 Am (City/State and Zip Code)

For further information concerning this matter, please call:

 $\zeta \zeta$ (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$25.00 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



RECEIVED 03 JUL 1/ AM 10:33 SECHARES FROM TALLANDES FROM TALLANDES FROM TALLANDES FROM TALLANDES

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2008

JACQUES ARDISSON 636 NE 101 ST MIAMI SHORES, FL 33138

SUBJECT: TWO PARADISE, LLC Ref. Number: L04000069736

We have received your document for TWO PARADISE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 908A00035066

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability 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	9-24-200/4 and assigned
Florida document number <u>104000069736</u>	/

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

<u>RESS)</u>	· · · · · · · · · · · · · · · · · · ·		ALI	80		
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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:	Patricia An	DISSON	
New Registered Office Address:	7100 BISCALINE	BLUI <u>HEAMI</u> FL 3. Ter Florida street address)	<u>31</u> 30
ATH	HIAMI	, Florida <u>FC</u> <u>331</u> (Zip Code)	30
New Registered Agent' Signature, if changing R	(City) legistered Agent:	(Lip Code)	
I hereby accept the appointment as registered	d agent and agree to act in this ca	pacity. I further agree to comply wi	ith and
the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r	roper and complete performance (stered agent as provided for in Ch	apter 608, F.S. Or, if this document	una
company has been notified in writing of this c	change.	X4->	
	Af Changing Revistored Age	nt. Signature of New Registered Agent)	

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u> <u>Name</u> Address **Type of Action** PRESIDENT JACQUES ADDISSON Vielesself Patricia Arodisson LI AIN 1100 Add Remove Add 100 🗍 Remove Add Remove 🗂 Add Remove 🕇 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 80 £ Ě ш R $c \gamma$ \Box دب P A ω Dated Signature of a member or authorized representative of a member ACOUTS OUSSON Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00