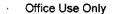
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

COVER LETTER

Division of Corp	porations		
SUBJECT: Flor	ridas Paradi (Name of Limi	ise Villa UC (ted Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	- Lare	(Name of Person)	
	Floridas	Paradise Olla (Firm/Company)	LLC
	70 Box	470 80 (Address)	79
	Celebrat	(City/State and Zip Code)	47
For further information of	oncerning this matter, please co	all:at (<u>\(\(\lambda \((0 \) \) \) \(\) </u>	955
(Name of	of Person) ne following amount:	(Area Code & Daytime T	elephone Number)
\$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:

TO:

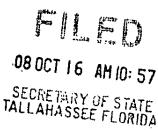
Registration Section

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

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 8-02-205 and assigned Florida document number <u>L05000</u>75755 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 "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 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)

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 608, 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.

(City)

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>	Name	Address	Type of Action
MGRM	Maren L. Gilson	P.O. Box 407899 Celebration FC 34747	i∑ Add Remove
MGRM	Michael J. Gilson II	P.O. Box 407899 Celebration FL 3474	Add Remove
MERM	John Albrahamsen	1725 Simon Ridge Ct Kissimmee FL 3447	Add Remove
			Add Remove
			Add
			Add Remove
D. If amer	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary)	OCT 16 AM II
Dated		·	
	•	or authorized representative of a member	
	Typed c	n printed name of signed	

Page 2 of 2

Filing Fee: \$25.00