

L06000017211

(Requestor's Name)

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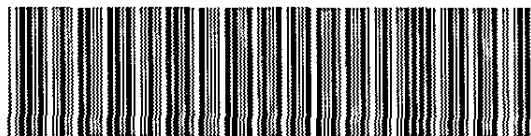
(Business Entity Name)

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JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANCHISE BUSINESS, Com, LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORG MORGAN
(Name of Person)
PARADISE VILLAGE ASSOCIATES LLC
(Firm/Company)
348 MIRACLE STRIP PARKWAY
(Address)
FORT WALTON BEACH FL 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

LOW/MORG at (888) 241-4324
(Name of Person) (Area Code & 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FranchiseBusiness.com, LLC

(Present Name)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

FIRST: The Articles of Organization were filed on February 8, 2006 and assigned document number L06000017211

SECOND: This amendment is submitted to amend the following:

Amend Article 1 to read: The name of the Limited Liability Company is:

Paradise Village Associates, LLC


Amend Article II to read: The mailing address and street address of the principal office of the Limited Liability Company is:

348 Miracle Strip PKY SW, Suite 10, Fort Walton Beach, FL, 32548

Amend Article III to read: The street address of the registered agent is:

348 Miracle Strip PKY SW, Suite 10, Fort Walton Beach, FL, 32548

Dated _____, _____



Signature of a member or authorized representative of a member

Robert C. Morgan

Typed or printed name of signee

Filing Fee: \$25.00