# 10600052468

(Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
(Cit	y/State/Zip/Phon	e #)					
PICK-UP	(Address)  (Address)  (City/State/Zip/Phone #)	MAIL					
(Bu	siness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer:	i					
		·					

Office Use Only



700292152027

11/21/16--01018--006 \*\*30.00

16 NOV 21 AM IO: 18 DIVISION OF CORPORATIONS

**O SIMMONS NOV** 2 2 2016

### **COVER LETTER**

TO:	Registration S Division of Co	
CUID IE	PARADIS	E, LLC
SUBJE	.C1:	Name of Limited Liability Company
The end	closed Articles of	Amendment and fee(s) are submitted for filing.
Please	return all corresp	ondence concerning this matter to the following:
		Kenneth M. Baresich
		Name of Person
		Paradise, LLC
		Firm/Company
		1634 E. Spring Ridge Circle
		Address
		Winter Garden, FL 34787
		City/State and Zip Code
		kbaresich@arenaconstruction.com
		E-mail address: (to be used for future annual report notification)
For fur	ther information	concerning this matter, please call:
Kenne	th Baresich	914 645 4505 at ( )
	Name	of Person Area Code Daytime Telephone Number
Enclos	ed is a check for	the following amount:
<b>■</b> \$2.	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

PARADISE, LLC				· · · · · · · · · · · · · · · · · · ·	* **		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	2 Z F			
The Articles of Organization for this Limited L Florida document number L06000052468  This amendment is submitted to amend the follo	<del></del> ·	were filed on $\frac{0.5/2}{}$	2/2006	NOV 21 Assigned			
A. If amending name, enter the new name o	J	ility company her	<u>•</u> :				
The new name must be distinguishable and contain the w	vords "Limited Liabil	lity Company," the de	signation "LLC" or the a	abbreviation "L.L.C."	<del></del>		
Enter new principal offices address, if applic	able:	1634 E. Spring R	idge Circle				
(Principal office address MUST BE A STREE		Winter Garden, FL 34787					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1634 E. Spring R Winter Garden, F					
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	Ų.	e: resich Ridge Circle	our records, enter	the name of the	<u>e nev</u>		
				lorida <u>34787</u>			
		City	, Fioriua	Zip Code			

#### 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 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.

f 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	Goll, Robert A	839 Chicopit Lane	□ Add
		Jacksonville, FL 32225	■ Remove
			Change
			Add
			Remove
			Change
<del></del>			Add
			☐ Remove
			Change
			ON CONTRACTOR OF THE CONTRACTO
			☐ Add  CO
			П.
			<b>.</b>
			□ Add
			☐ Remove
			☐ Change

	•	•								<del></del>	_
	,	•									
·											_
											-
			<u> </u>								_
											-
	<del> </del>										_
								· · · · · · · · · · · · · · · · · · ·			_
							<del></del>		<del></del>		_
	**								- D	<del></del>	-
	<del></del>	<del></del>							JO HOISIAN	A OH	- **
									\$	)¥ 2	OF MEZ
									5		- <del>j</del>
									Con Cons		
	<u></u>								,	Ö	_ =
									, <del></del>	8	
	· · · · · · · · · · · · · · · · · · ·									······································	_
											_
											_
<b>ective d</b> : n effective	ate, if other t	i <b>han the da</b> e date must be	te of filing specific and	g: d cannot be	prior to date	of filing or i	nore than 90 c	_ (optiona lays after filir	<b>I)</b> 1g.) Pursu	ant to 60	5.020
te: If the	e date inserted	in this block	does not r	neet the ap	plicable st						
cument s	effective date	on the Depar	riment of s	state's reco	oras.						
recora The 90tl	specifies a h h day after	delayed et the record	frective of the first filed.	late, but	t not an i	effective	time, at 1	2:01 a.m	. on tr	ie earl	ier (
	,										
ted	When be	). IT		201	U.						
	1000-1000	<u>20 11</u>		,							
		//	11	Bain	2.10						
	Dei	rneth	/ /YL+ .	k mul	ريراس						
_	Woven be	weth Sig	nature of a	member or	authorized 1	epresentativ	e of a membe	r			

Page 3 of 3

Filing Fee: \$25.00