## L08000053390

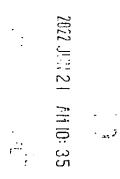
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☐ PICK-UP	☐ WAIT	MAIL
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Office Use Only



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## **COVER LETTER**

	Registration Sect Division of Corp		. •	
SUBJEC		SOLUTIONS, LLC		
30000		Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		SALLY R. LIPPERT		
		_	Name of Person	
		PARADISE SOLUTIONS	. LLC	
			Firm/Company	<del></del>
		3556 OSAGE TERRACE Address		
		SARASOTA, FL 34231		
			City/State and Zip Code	
		SARASOTASALLY@CO	MCAST.NET	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information coi	ncerning this matter, please ca	ail:	
JON R. I	FAHS, JR		941 485-1571 at()_	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
<b>■</b> \$25.	00 Filing Fee	S30.00 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:		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 21 7M ID: 36

PARADISE SOLUTIONS, LLC			2022.021	131 IO: 36
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it new appears on our records Liability Company)	<u>s.</u> )	-,·-
The Articles of Organization for this Limited L Florida document number 05/29/2008	Liability Company	y were filed on L08000053390	and a	ssigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited lial	bility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation '	L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office <u>ss here</u> :	address on our records, enter t	the name of the n	ew registered
Name of New Registered Agent:	N/A			<del></del>
New Registered Office Address:			<u>.                                    </u>	
		Enter Florida street address		
			rida	
		City	Zip Cod	,

## 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.

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>	<u>Address</u>	Type of Action
MBR	RACHEL ANN LIPPERT	3924 LANCASTER DRIVE	<b>=</b> Add
		SARASOTA, FL 34241	□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			Change
			Change
			□Add
			□Remove
			□Add
			Remove
			□Change

N/A				
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fective date, if other than th	e date of filing:		(optio	nal)
n effective date is listed, the date m <u>ote:</u> If the date inserted in this l	ist be specific and cannot be prolock does not meet the app	ior to date of filing or m	nore than 90 days after f	iling.) Pursuant to 605,0207
cument's effective date on the	Department of State's recor	ds.	g requirements, tins	date will not be listed as
ecord specifies a delayed effect is filed.	ve date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is med.				
JUNE 16	2022			
	1/1/	<del></del>		
/h/	-, M/			
	Signature of a member or au	thorized representative	of a member	
JON R. FAHS, JR				
	Typed or pr	inted name of signee		

Filing Fee: \$25.00