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COVER LETTER

TO:

Registration Section
Division of Corporations

SHR IFCT

Tropical Bliss Rentals LLC

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:

Todd Smitala	
Name of Person	
Firm/Company	
200 NE 20th ST	
Address	
Wilton Manors, FL 33305	
City/State and Zip Code	
xfroggy2@hotmail.com	
F-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Todd Smitala

Name of Person

,786、365-8490

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

Paradise Properties Bahia LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	<u> s.)</u>
The Articles of Organization for this Limited Liability (Company were filed on 07/17/2008	and assigned
Florida document number L08000069024		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Tropical Bliss Rentals LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designa	ition "LLC" or the abbreviation
Enter new principal offices address, if applicable:		- 13 B 1
(Principal office address MUST BE A STREET ADD	RESS)	
P 11 26 Carbin		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
. 	, Flor	
	City	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u> `	<u>Name</u>	Address	Type of Action
MGRM	Todd Smitala	200 NE 20th St	Add
		Wilton Manors, FL 3330	5 Remove
MGRM	Todd Smitala	2088 Townline Road	Add
		Wausau, WI 54403	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Remove
			Add
			Remove

August 23:54	2013
	Il And h
Signatur	e of a member or authorized representative of a member
Todd Smitala	
	Typed or printed name of signee
	Daga 2 of 2

Page 3 of 3

Filing Fee: \$25.00