## LOBOOI BOAS

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL MIASSEE FLORIDA

EFFECTIVE DATE

JAN 0 4 2016

S. YOUNG

## **COVER LETTER**

	ation Section of Corporations	
	adise - International Boat Sales, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Daniel F. DiLisio	
	Name of Person	
	Paradise - International Boat Sales, LLC	
	Firm/Company	
	P.O. Box 2320	
	Address	
	Marco Island, FL 34145	
	City/State and Zip Code	
	ParadiseIntlBoatSales@gmail.com	三
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
r	Daniel F. DiLisio 239 571-4500	O Yi
	Name of Person Area Code Daytime Telephone Number	(D
Enclosed is a che	ck for the following amount:	
□ \$25.00 Filing	Fee \$\Bigsquare \\$30.00 \text{ Filing Fee & Certificate of Status}\$  \[ \bigsquare \\$55.00 \text{ Filing Fee & Certificate of Status}\$  \[ \bigsquare \\$55.00 \text{ Filing Fee & Certificate of Status}\$  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \bigsquare \\$60.00  Filing	

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 - International Boat Sales, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on December 19, 200	and assigned
Florida document number L08000115627		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	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 applicable:	110 W Pago Pago Drive	_
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34113	艺经
		一扇胃刀
Enter new mailing address, if applicable:	P.O. Box 2320	SSER P
(Mailing address MAY BE A POST OFFICE BOX)	Marco Island, FL 34145	165 St
		<b>登录 8</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:  N/A	office address on our records re:	, enter the name of the no
Novy Pagintared Office Address.		
New Registered Office Address:	Enter Florida street address	3
	E)	• •
	, F10	orida 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.

If 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
MGRM	Pamela F. DiLisio	1194 Shenandoah Ct	
		Marco Island, FL 34145	■ Remove
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			Remove
			☐ Change
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As a supulation, she is to be rem	oved as of January 1, 20	016.		
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fective date, if other than the dan effective date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Depa	specific and cannot be price does not meet the appli	or to date of filing or mor cable statutory filing i	(option e than 90 days after fil requirements, this d	ing.) Pursuant to 605.020
record specifies a delayed e	fective date, but n is filed.	ot an effective tin	ne, at 12:01 a.r	n. on the earlier o
The 90th day after the record				
December 23	2015			
ted December 23	2015  Hisir  nature of a member or auti	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00