10900041976

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

G. MCLEOD Only

JAN 2 0 2011

EXAMINER



100191755781

01/19/11--01020--002 **55.00

11 JAN 19 AN II: 04 SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

	tion Section of Corporations	:	3		
SUBJECT:	PARADISE O	UTDOOR LIVING LL	.C		
	Name of Lim	ited Liability Company			
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	prrespondence concerning this matte	r to the following:			
	RAY BASKETT				
		Name of Person			
	LLC				
		109 COMMERCE ST			
		Address			
	L	AKE MARY , FL 32746			
		City/State and Zip Code			
		Y@PARADISE2U.COM to be used for future annual report			
For further informa	ation concerning this matter, please of	·	,		
RAY BASKETT		at (305)	987-2222		
N	iame of Person	Area Code & Da	sytime Telephone Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing F	Certificate of Status	▼\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$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		Registration Se Division of Co Clifton Buildin	rporations ng e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARADISE OUTD					
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company	04/30/2009	and assigned			
Florida document numberL09000041976					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Lim	ited Liability Company	the decignation "LL	C" or the	abbreviation	
"L.L.C."	ned Diability Company,	the designation LES		aboleviation	
Enter new principal offices address, if applicable:	109 COMMERC	EST ;		-	
(Principal office address MUST BE A STREET ADDRESS)	LAKE MARY, FL	32746			
					
		ŗ			
Enter new mailing address, if applicable:	109 COMMERCE	EST ;	<u> </u>	Tame many	
(Mailing address MAY BE A POST OFFICE BOX)	LAKE MARY, FL	32746	<u>≨</u> ≥ <u> </u>	<u></u>	
			>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, <u>enter the</u>	name	of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip Coa	le	

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 MGR **HEATHER SEAMAN** 547 SE 33RD ST **✓** Add CAPE CORAL, FL 33904 Remove □ Add Remove ☐ Add ☐ Remove Add Remove ∐Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 01/18 2011 Dated ___ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

RAY BASKETT

Filing Fee: \$25.00