

L10000078263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

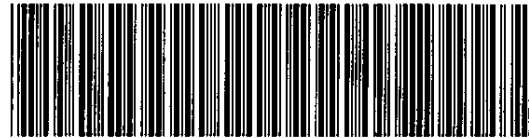
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 OCT -7 PM 1:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

W
J. BRYAN

OCT 11 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2010

PARADISE COASTAL BUILDERS LLC
755 GRAND BOULEVARD #B105296
MIRAMAR BEACH, FL 32550

SUBJECT: PARADISE COASTAL BUILDERS LLC
Ref. Number: L10000078263

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TALLAHASSEE, FLORIDA

We have received your document for PARADISE COASTAL BUILDERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't get the 1st page of amendment form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00022386

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

X Paradise Coastal Builders LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on X 07/26/2010 and assigned
Florida document number X L 10000078263

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

X N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Scott Block		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

X Scott Block - to = (Scott Block)
Consent

Dated

X Allen Parker

Signature of a member or authorized representative of a member

X Allen Parker

Typed or printed name of signer