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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Vour Paradise Group, UC  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:	
Robbie Fenn	_
Rane of Ferson	
Firm/Company	~
4559 Woodwind Drive	_
Destin, FL 32541	_
City/State and Zip Code  Roboie J Fenn @ 9 mail-Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robbie Fenn at (850) 496-2150	
Name of Person Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	iling Fee, ate of Status & ad Copy

#### **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

DIVISION OF CORP	
11 MAR 25 AMI	ORATION:

Zip Code

OF	1	The second (II)	JUNE CRATIONS
Your Paradise Gro			AM LA 22
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as It now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LILDOWI921</u> .	vere filed on <u>2 - 14 -</u>	2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite"L.L.C."	d Liability Company," the d	lesignation "LL	C" or the abbreviation
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 registered agent and/or the new registered office address here:		rds, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street addre:	SS
		Florida	

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.

City

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	n <u>Robbie Fenn</u>	4559 Woodwind Dr Destin, FC 39541	Add as MGRN
<u>mgem</u>	Lisa Norton	4559 Woodwind Dr Pestin, FC 32541	Add Remove
			Add Remove
<del> </del>			Add Remove
<del></del>			Add Remove
			Add Remove
_	Robbie Fenn needs Shown as a memb	nge(s) here: (Attach additional sheets, if necessary to be the Manager of per too for DBPR. Tul is what She needs	Developmentary  SECRETARY  DIVISION OF CO
Dated S	Signature of a melol	oper or authorized representative of a member	EU OFF STAIL ORFORATIONS

Page 2 of 2

Filing Fee: \$25.00