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T. CLINE DEC 30 2011 EXAMINER

## **COVER LETTER**

P.O. Box 6327 Tallahassee, FL 32314

	tration Section of Corp				
SUBJECT: _		PARADI	SE RIVER, LLC		
_		Name of Lim			
The enclosed A	Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return al	ll correspon	ndence concerning this matte	r to the following:		
	ROBERT M. CANNON				
			Name of Person	_	
		C			
			Firm/Company		
			P. O. BOX 67		
			Address		
	<u>.</u>				
			City/State and Zip Code		Marya
		E-mail address: (	to be used for future annual report notification	on)	
For further info	ormation co	oncerning this matter, please of	call:		THE LARY SECRETARY ALL WHASSE
<del></del>		S. BOHATCH		6-1040	ET
	Name of	Person	Area Code & Daytime Te	ephone Number	AH IQ AS
Enclosed is a cl	heck for th	e following amount:			
<b>∑</b> \$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
MAILING ADDRESS: Registration Section Division of Corporations		tion Section	STREET/COURIER Registration Section Division of Corporation		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	ARADISE F	RIVER, LLC						
( <u>Name of the Limited</u> (A	Florida Limited L	ny as it now appear iability Company)	s on our records.)					
The Articles of Organization for this Limited L	and assigr	ned						
Florida document numberL11000127	<u>′696</u> .							
This amendment is submitted to amend the following	owing:							
A. If amending name, enter the new name of	the limited liab	ility company her	e:					
<del>.</del>	N/A							
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation	"LLC" or the abb	reviation			
Enter new principal offices address, if applic	able:	N/A		17-51	·			
(Principal office address MUST BE A STREE	T ADDRESS)							
					An Sale			
				28	lied Risease			
Enter new mailing address, if applicable:		N/A						
(Mailing address MAY BE A POST OFFICE)	ROX)	7.77.		54 <b>5</b>	(			
17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	30117			9m <b>2</b>				
B. If amending the registered agent and/o	or registered of	fice address on o	ur records. enter	the name of 1	he new			
registered agent and/or the new registered of			, <u></u>					
Name of New Registered Agent:	G, B & B - E	REGISTRIES,	LLC					
New Registered Office Address:	7301 SW 57th COURT - SUITE 560							
Nogario Gines Hadroso.		er Florida street ac	ldress	·······				
	SOUTH MIAMI		, Florida	Florida 33143				
		City		Zip Code				
Name Danistania Amerika Cimerania (C. 1904) - 1								

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 adarets. 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 Type of Action Title Address Name MGR ROBERT M. CANNON P. O. BOX 67 Remove MATLACHA, FL 33993 NANCY SUAREZ-CANNOL MGR\_\_ P. O. BOX 67 ☐ Add ✓ Remove MATLACHA, FL 33993 MGR COCO HOLDINGS, LLC P. O. BOX 67 ✓ Add MATLACHA, FL 33993 Remove Add Remove  $\square$ Add Remove ŝ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) N/A Dated \_ Signature of a member or authorized representative of a member

ROBERT M. CANNON, MGR - COCO HOLDINGS, LLC
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**