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# **COVER LETTER**

Division of Corporations
SUBJECT: ELEMENTS OF PARADISE LLC  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:
MARY LEE HOLLENBECK Name of Person
ELEMENTS OF PARADISE LLC Firm/Company
4/2 BREVARD AVENUE
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARY LEE HOLLENBECK at (321) 633-5151
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Status Solution Status

## MAILING ADDRESS:

TO:

**Registration Section** 

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

FLEMENTS	OF PARADISE	
(Name of the Limited	1 Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number $\bot /2 0000$	bility Company were filed on $4-2-20/2$ and assigned $45.3.26$	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	ble:	-
(Principal office address MUST BE A STREET	ADDRESS)	-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	OX)  The second of the registered office address on our records, enter the name of the registered of t	 : -
registered agent and/or the new registered offic		``
Name of New Registered Agent:		-
New Registered Office Address:	From Parish and the	-
	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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Name
Address
488 LEMONT DR.

THEODORE G. STEVENS NASHVILLE, TN 37216 MADDE Title **Name** ☐ Remove \_□ Remove ☐ Change □ Add □ Remove \_□ Change □ Add ☐ Remove \_\_ Change □ Add □ Remove □ Change □ Add ☐ Remove □ Change

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Page 3 of 3

Filing Fee: \$25.00