

# L12000079526

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

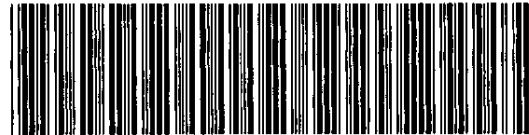
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800236923718

07/02/12--01008--019 \*\*25.00

FILED  
12 JUL -2 PM 2:44  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL - 5 2012  
EXAMINER

LAW OFFICE OF  
WAGGONER & BRUEHL, P.A.

Timothy J. Bruehl  
Jacqueline Bruehl

5400 Pine Island Road, Suite D  
Bokelia, FL 33922  
(239) 283-1076  
(239) 283-7567 Fax  
(239) 283-0988 – Real Estate

Paul H. Waggoner  
of Counsel

June 28, 2012

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

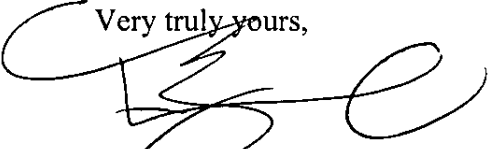
Re: Name change for Tropical Paradise Team, LLC

To Whom It May Concern:

Enclosed herewith please find the Articles of Amendment to Articles of Organization of the above referenced limited liability company and check # 5135 in the amount of \$25.00 for the filing fee for the same.

Upon your receipt and review of this correspondence, should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,



Timothy J. Bruehl  
TJB/dks  
Encs.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tropical Paradise Team, 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:

Timothy J. Bruehl

Name of Person

Waggoner & Bruehl, P.A.

Firm/Company

5400 Pine Island Rd., Suite D

Address

Bokeelia, FL 33922

City/State and Zip Code

chris@take-2.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J. Bruehl

Name of Person

at ( 239 )

283-1076  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$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

**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**

**Tropical Paradise Team, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
12 JUL -2 PM 2: 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 15, 2012 and assigned Florida document number L12000079526.

This amendment is submitted to amend the following:

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

SWFL Paradise Realtors, LLC

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

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

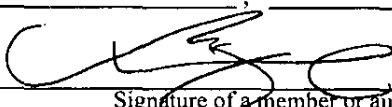
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

TIMOTHY J. BRUETT

Typed or printed name of signee

FILED  
12 JUL -2 PM 2:44  
SEALING UNIT  
TALLAHASSEE, FLORIDA