

L140000660005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

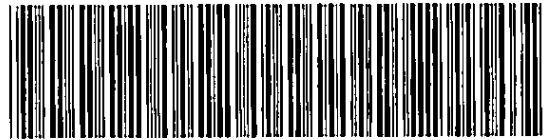
(Business Entity Name)

(Document Number)

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Amend

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADISE BEACH 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:

chant karajian

Name of Person

5 stars plus real estate services

Firm/Company

5315 park blvd , suite 3

Address

pinellas park, fl , 33781

City/State and Zip Code

eagleforce_ek@hotmail.com

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

For further information concerning this matter, please call:

chant karajian

844

707-3773

at ()

Name of Person

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

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STATE
DIVISION OF CORPORATIONS
18 NOV -5 PM 1:05

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARADISE BEACH 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 04/23/2014 and assigned Florida document number L14000066005.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

5315 park blvd. suite 3,

pinellas park

33781

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5315 park blvd. suite 3,

pinellas park

33781

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:

5 stars plus real estate services llc

New Registered Office Address:

5315 park blvd, suite 3,

Enter Florida street address

pinellas park

Florida 33781

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Garnier, Olivier	10225 ULMERTON ROAD	<input type="checkbox"/> Add
		SUITE 9C LARGO, FL 33771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIZZO, LYDIA	5315 park blvd, suite 3	<input type="checkbox"/> Add
		pinellas park, fl, 33781	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RIZZO, CINDY	5315 park blvd, suite 3	<input type="checkbox"/> Add
		pinellas park, fl, 33781	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 05, 2018

Typed or printed name of signee