Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

: (561)844-3700

Fax Number

: (561)844-2388

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GH PARADISE PROPERTIES LLC

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Certificate of Status	0
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Estimated Charge	\$25.00
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APR 1 3 2017

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GH PARADISE PROPERTIES LL					
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our r liability Company)	ecords.)		
The Articles of Organization for this Limited L	iability Company	were filed on 02/13/2015	<del></del>	and assi	gned
Florida document number L15000029837	·				
This amendment is submitted to amend the following	owing:	<del></del>			
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	"LLC" or the abb	Teviation "L L	,.C."
Enter new principal offices address, if applicable:		4095 STATE ROAD 7			
(Principal office address MUST BE A STREET AD.	T ADDRESS)	L-202			
		WELLINGTON, FL 334	19		
Enter new mailing address, if applicable:		4095 STATE ROAD 7		:· =	17
(Mailing address MAY BE A POST OFFICE BOX)		L-202			Ü
		WELLINGTON, FL 33449		./	-
B. If amending the registered agent and	or registered o	ffice address on our re-	cords, <u>enter t</u>		f the new
registered agent and/or the new registered of	ffice address her	<u>e</u> :			
			,	্- প্রে ক	
Name of New Registered Agent:					
New Registered Office Address:	4095 STATE F	ROAD 7, L-202		<del></del>	
-		Enter Florida street i			
	WELLINGTO		, Flo <b>rida</b>	49	
		Ciry		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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

,**Ļ**.

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JASON HOWELL	4095 STATE ROAD 7	□ Add
		L-202	☐ Kemove
		WELLINGTON, FL 33449	☐ Change
MGR PAULA HOWELL	PAULA HOWELL	4095 STATE ROAD 7	
		L-202	
		WELLINGTON, FL 33449	□ Remove
			☐ Change
			🗆 Remove
			☐ Change
			bbA 🗂
			☐ Remove
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			□ Remove
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			☐ Change

Page 3 of 3

Typed or printed name of signee

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Filing Fee: \$25.00

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