

L15000066047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

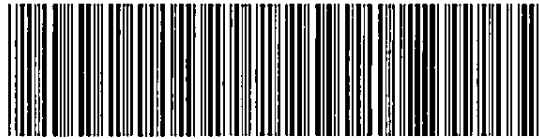
(Business Entity Name)

(Document Number)

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2024 FEB 29 PM 3:41

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FL 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:

DARRIN R SCHUTT, ESQ.

Name of Person

SCHUTT LAW FIRM PA

Firm/Company

12601 New Brittany Boulevard

Address

Fort Myers, Florida 33907

City/State and Zip Code

darrin.schutt@schuttlaw.com

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

For further information concerning this matter, please call:

Darrin R Schutt

239

540-7007

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FL PARADISE, 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 April 15, 2015 and assigned
Florida document number L15000066047.

This amendment is submitted to amend the following:

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

FL Cape Paradise, LLC

The new name must be distinguishable and contain 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)

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CLERK OF DISTRICT COURT
FLORIDA

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 8

2024

Signature of a member or authorized representative of a member

Darrin R. Schutt, Authorized Representative for Thomas Rittmann, Member

Typed or printed name of signee

SCHUTT LAW FIRM, P.A.

Attorney and Counselor at Law
12601 New Brittany Boulevard
Fort Myers, Florida 33907
Tel.: (239) 540-7007; Telefax (239) 791-1080
e-mail: darrin.schutt@schuttlaw.com

Darrin R. Schutt **
*Admitted in FL & Ga.
† Florida Civil Law Notary
‡ Certified Circuit Court Mediator

January 8, 2024

Secretary of State
Division of Corporations
Certification Section
PO Box 6327
Tallahassee, Florida 32314

RE: **Reinstatement**
Certified Copy of LLC AMENDMENT – NAME CHANGE
FL PARADISE, LLC – L15000066047

Dear Sir or Madam:

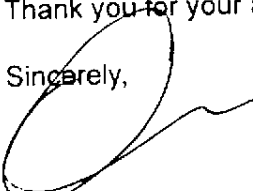
Our client requires the following documents from your office:

- One (1) certified copy of the ARTICLES OF AMENDMENT
- One (1) reinstatement application (under amended name)

Please find enclosed our checks in the amount of \$55.00 and \$416.25 for the respective fees of an amendment with a certified copy, and the reinstatement.

Thank you for your assistance, and please contact me should you have any questions.

Sincerely,



Darrin R. Schutt, Esq.

Enclosures