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## **COVER LETTER**

Division of Corporations
SUBJECT: Racodise Parts Button L. Name of Limited Liability Continuity
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paradise Palmy Boynton LLC Firm/Company  130 5 Seacest Blud  Address  Boynton Beach, 72 33435  City/State and Zip Code  Pittor, Decol Consideration
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Den Pisto at (203) 339-533   Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise 1	ralms	Baynto	n Lu		
(Name of the Lir	(A Florida Limited L		n our records.)		
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on <u>6</u>	118/15	and ass	gned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liabi	lity company here:	:		NG
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	mation "LLC" or the	abbreviation L.	
Enter new principal offices address, if appl	icable:			器	<u>+85</u> -
(Principal office address MUST BE A STRE	SET ADDRESS)	<u> </u>	<u>-</u>	ARY OF STASSEE. FLO	RY OF ST
Enter new mailing address, if applicable:				156 156 156 156 156 156 156 156 156 156	21 <u>6</u>
(Mailing address MAY BE A POST OFFIC	E BOX)				<del></del>
B. If amending the registered agent an registered agent and/or the new registered			ur records, <u>ente</u>	er the name	of the new
Name of New Registered Agent:	Berjan	min Pig	stoc		
New Registered Office Address:	100 5	Secres Enter Florida	street address		
	Baynton	Beach	, Florida _	33435 Zip Code	<b>)</b>

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 Type of Action **Title Name Address** Benjamin Pistor ☐ Change MGR Samantha Miller 1120 5 Seacrest Blud - Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

☐ Change

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)	
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an effection	tive date, if other than the date of filing:  (op tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affective date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	otional) ter filing.) Purs his date will	suant to 605.0207 not be listed as
	rd specifies a delayed effective date, but not an effective time, at $12:01$ 0th day after the record is filed.	. a.m. on t	he earlier of
ated <u>•</u>	July 15th 3015	SECRI	SECRE DIVISION 15 JUL
	Signature of a member or authorized representative of a member	HASSE ASSE	DF CI
	/ 21 00.31	Ho	
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00