15000135237

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	

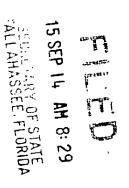
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
Paradise Co	oncrete, LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Rhonda Mayer	÷	
		Name of Person	
	Paradise Concrete, LLC	·	
		Firm/Company	
	PO BOX 585		
		Address	
	Myakka City, FL 34251		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	paradiseconcretefl@gmail.co		
	•	be used for future annual report notifi	ication)
For further information c	concerning this matter, please cal	1:	
Rhonda Mayer		941 713-9995 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he 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

ARTICLE	5 OF ORGANIZATION	20
	OF	CT CT
		AN SE
Paradise Concrete, LLC		Services of the services of th
(Name of the Limited Liabil	ity Company as it now appears on our records.	
(A Florid	a Limited Liability Company)	me 🛧 🚺
	8/07/2015	$\frac{\pi}{2}$ ∞ , ∞ .
The Articles of Organization for this Limited Liability (Company were filed on	o and assigned
Florida document number L15000135237	·	9 A O
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Trincipus Office duminess fized I bill official filos		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records,	enter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
Traine of from Itaginetous Indian.		,
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
 -	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>	Address	Type of Action
MGR	Luke Clemons	5875 Wauchula Road	Add
		Myakka City, FL 34251	_ ■ Remove
			□ Change
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	STAT C	The same
		
ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	more than 90 days after filing.) Pursuan ing requirements, this date will not	t to 605.0207 (be listed as t
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the	earlier of
September 10 2015		
1// 1/1 // // // // /		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00