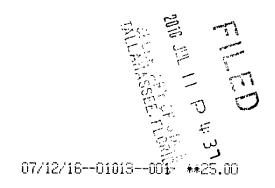
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporation			•	
SUBJECT: Par	adice Kin	ngdom LLC ited Liability Company		
The enclosed Articles of An	endment and fee(s) are sub	unitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Angel 3	Name of Person		
		Firm/Company		
	721 NW	68th ter	2116 S	-11
	Hollywoo	Address Address City/State and Zip Code	HASSEL FLIPPID	
· _		Ag dom @ g mc. 1. (o)	The Designation of the sation	Angust of
For further information conc	erning this matter, please ca	all:	j» —	
Angel 7 Name of Pe	Herrera	at (754) 423 - 4 Area Code Daytime T	[2 \ 2_ Felephone Number	
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Paradice King.	dom LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>しもりつくつ24</u> 8l	y were filed on 5 \ 2 5 \ b and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
	-
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	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> Name **Address Type of Action** Angel J Herrera HGR Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ____Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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Effective	e date, if other than the date of filing	e A		(optional)	ا	
(If an effective Note: If	tive date is listed, the date must be specific and f the date inserted in this block does not mat's effective date on the Department of S	cannot be prior to da eet the applicable	te of filing or more than statutory filing requi	n 90 days after filing.) P	ursuant to 6 ill not be li	05.0207 (3 sted as th
the reco) The 9	ord specifies a delayed effective doord to after the record is filed.	ate, but not ar	effective time,	at 12:01 a.m. or	n the ear	lier of:
Dated _	6/10/16					
			d representative of a mo			
	Signature of a n	nember or authorized	d representative of a mo	ember		
	•					

Page 3 of 3

Filing Fee: \$25.00