LIGOON	54080		
(Requestor's Name) (Address)	400290107054		
(Address) (City/State/Zip/Phone #)			
(Business Entity Name)	09/15/1601019008 **30.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SCOREFARYOF STATE		
	SEP 1 6 2016 S. YOUNG		
Office Use Only			

COVER LETTER

TO: **Registration Section Division of Corporations** 11600DDWSUBJECT: 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:



For further information concerning this matter, please call:

at Area Code Daytime Telephone Number Name of Person

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A TO ARTICLES OF O	0
O Paradise Rentals (Name of the Limited Liability Compar (A Florida Limited L	F <u>E Property</u> Management iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIODOISHD8</u>	were filed on $8 - 18 - 10$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 1957 HWY 87 South
Thepa office datess most be A STIGET ADDRESS	Navarre, FL. 32566
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1957 Hwy 87 South Navarre, FL. 32566
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of thernew
Name of New Registered Agent: DOWO New Registered Office Address: 1957 Dowor	HWY 87 South R. Florida Street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Wordy Keaton	COPECTO	Add
		2103 Salamanna S	Remove
		Navarne, FL 32561	2_□ Change
MGR	Davide Keaton	2103 Salamancas	Lo Add
		Nowarne, EL 3256	C Remove
			≺ ∴ Change
AMBR	Christine Clack	1957 HW4 87 South	∂ ¥Add
		Pavarre, FL 32Ed	
			15 AST
			_ Remove
			_□ Change
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tive date, if other than the dat	· · · ·	 (optional)	

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 member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(IRS USE ONLY) 575G

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09-07-2016 PARA O 9999999999 SS-4

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SEP 15 PM S

 Keep this part for your records.
 CP 575 G (Rev. 7-2007)

 Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.
 CP 575 G

 Your Telephone Number
 Best Time to Call
 DATE OF THIS NOTICE: 09-07-2016 EMPLOYER IDENTIFICATION NUMBER: 81-3766332 FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 PARADISE RENTALS AND PROPERTY MANAGEMENT LLC WENDY KEATON SOLE MBR 1957 HIGHWAY 87 NAVARRE, FL 32566