

**L16000/82297**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

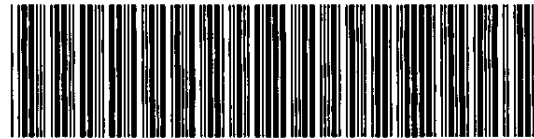
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**700292143387**

11/29/16--01015--001 \*\*25.00

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**2016 NOV 29 P 4:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. BRUCE  
NOV 30 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paradise Property Sales 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:

Jeremy Pinnett  
Name of Person

Paradise Property Sales  
Firm/Company

13410 Plantation Marsh Dr.  
Address

Riverview FL 33579  
City/State and Zip Code

jeremy.r.pinnett@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Pinnett at (813) 205-6166  
Name of Person Area Code Daytime Telephone Number

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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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PARADISE PROPERTY SALES

(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 9-29-16 and assigned  
Florida document number L16000182297.

This amendment is submitted to amend the following:

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

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)**

**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

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**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>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>BRITANNY PINIGTON</u>	<u>13410 FLAGGATE MARK DR.</u>	<input type="checkbox"/> Add
		<u>RIVERVIEW FL 33579</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>JOHN PINIGTON</u>	<u>13431 3<sup>RD</sup> AVE N.E.</u>	<input type="checkbox"/> Add
		<u>BRADENTON FL 34212</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>PRES</u>	<u>JEREMY PINIGTON</u>	<u>13410 FLAGGATE MARK DR.</u>	<input type="checkbox"/> Add
		<u>RIVERVIEW FL, 33579</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JEREMY PINIGTON</u>	<u>13410 FLAGGATE MARK DR.</u>	<input checked="" type="checkbox"/> Add
		<u>RIVERVIEW FL 33579</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer

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