Division of Corporations



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Division of Corporations Fax Number : (850)617-6352

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Account Name : DEGALZCON,COM TEC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASA'S IN PARADISE, LLC

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Help

Registration Section
Division of Corporations

To:

TO:

COVER LETTER

SUBJECT:	CASA'S IN	N PARADISE, LLC			
Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
	Name of Person				
	Legalzoom.com, Inc.				
Firm/Company					
	101 N Brand Blvd 11th Fl				
Address					
	Glendale, CA 91203				
			City/State and Zip Code		
,	chaunettet@yahoo.com				
		E-mail address: (to be used for future annual report notif	ication)	
For further in	formation co	oncerning this matter, please ca	all:		
Cheyenne M	loseley		800 773-0883		
	Name of	f Person	Area Code Daytim	E Telephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 F	iling Fee	S30.00 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

CASA'S IN PARADISE, LLC		
(Name of the Limited Liabi	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/17/2017	and assigned
Florida document number L17000013111		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Puddin' in Paradise LLC		
The new name must be distinguishable and contain the words "Li-	mited 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		
Trincipal office address most DE A STREET ADD		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		*
		2033
		ದು ೧%
B. If amending the registered agent and/or regi	ister <mark>ed office address</mark> on our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office ad	dress here:	S
		>
Name of New Registered Agent:		
New Registered Office Address:		::.
New Registered Office Address.	Enter Florida street address	
	Florida	
-	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	Membe

<u>Title</u>	Name	Address	Type of Action
<u> </u>			□ Add
			☐ Remove
			Change
			D Add
			Remove
			☐ Change
			O Add
			Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			☐ Remove
			□ Change
			D Add
			☐ Remove
			□ Change

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Filing Fee: \$25.00