L17000 230162

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u></u>
PICK-UP WAIT M	AIL
(Business Entity Name)	·
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





400309051584

02/16/18--01015--026 **30.00

is FER I/o PM 7: Of

COVER LETTER

TO:	Registration Sect Division of Corpo			•
SUBJE	СТ:	Paradise Name of Lim	Contracting (ited Liability Company	j LLC
The enc	losed Articles of A	mendment and fec(s) are sub	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		Mi	chael Reg	0
		D 1.	ISE Contrac	ting LLC
		5025 M	idnight La	ine
		Saras	Sota, FL 3 City/State and Zip Code	4235
		E-mail address: (•	Cayahoo.com
For furt	her information cor	cerning this matter, please c	all:	
	Mich a Name of I	el Rego	at (CILI) 3 T	14-3031 time Telephone Number
Enclose	ed 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

ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on Florida document number L17000230162 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

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

Title Name Address Type of Action Joseph Hansen 2415 Prospect MGRM Street Remove Sarasota FL 34239 □ Add _□ Remove □ Change _□ Add □ Remove _□ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

)	
			
-			
			- F
			18 FEB 1 & PH
			5
-decide			

Tective date, if other than the date of an effective date is listed, the date must be specifore: If the date inserted in this block does becoment's effective date on the Department	not meet the applicable statutory	(optional gor more than 90 days after filing requirements, this dates	ng.) Pursuant to 605.0207 te will not be listed as
e record specifies a delayed effecti The 90th day after the record is f	ive date, but not an effect iled.	ive time, at 12:01 a.m	i. on the earlier of
ated $\frac{2/13/18}{2000}$	2018		
	e of a member or authorized represen	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00