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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Paadix on the Key LCC 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:
AShloy N. HART Name of Person
PAradise on the Key, LLC
5174 Beach Dr. SE Unit B
St. Petersburg, TL, 33705 City/State and Zip Code
HARTIICO VANOS COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASNOY N. HART at (734) 733 - 9 600 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ \$\ \end{tabular}\$\$ \$\ \end{tabular}\$\$ \$\ \end{tabular}\$\$ \$\ \end{tabular}\$\$ \$\ \end{tabular}\$\$ \$\ \end{tabular}\$\$\$ \$\ \end{tabular}\$\$\$ \$\ \end{tabular}\$\$\$ \$\ \end{tabular}\$\$\$ \$\ \end{tabular}\$\$\$ \$\ \end{tabular}\$\$\$\$ \$\ \end{tabular}\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 on the Kei		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>LITCODZW443S</u> .	vere filed on Dec. 79 th , 3	O/7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability		
	y Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 3
(Principal office address MUST BE A STREET ADDRESS)	N/H	· <u>C</u>
		(C)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- N/A $-$. G
B. If amending the registered agent and/or registered officesistered agent and/or the new registered office address here:		ter the name of the nev
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enfer Florida street address	
	Florida	
Now Desistanted Amonths Signatures if showing Danistaned Amont.	Сиу	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ashley N. HAKT	5174 Beach Dr. SE Un: 1 B, St Petrsburg F1	3705 a Ada
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Remove
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			Change

Effective date, if other than the date of filing: MA					
(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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated One of a member or authorized representative of a member ASMLEY N. HAMA Typed or printed name of signee					
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Filing Fee: \$25.00