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bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations
SUBJECT: Craig Boat Vista Paraiso, 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:
Raymond M. Craig III Name of Person
Firm/Company
2931 Bluff Blvd Address
Holiday, FL 34691 Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Su San Francis at (727) 938-3678 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$}\$

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liab) (A Flori	Oat Vista Parace lity Company as it now appears on ou da Limited Liability Company)	r records.)		
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ASSITIANT ASSITI				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LI.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)	8 ALL		
		A_ARE		
		TAR IAS		
Enter new mailing address, if applicable:		SEC		
(Mailing address MAY BE A POST OFFICE BOX)		3		
		: OF A		
	. 	No Offi		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et 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 Member **Title** Name **Address Type of Action** Craig, Shon M, TIT _□ Change Craig, Raymond M. III 2931 Bluff Blvd XAdd Holiday, FL 34691 □ Remove _□ Change _□ Add □ Remove _□ Change □ Add _□ Remove _□ Change _□ Add □ Remove □ Change ☐ Add ☐ Remove

□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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if an ei Note:	tive date, if other than the date of filing: Dote of Filing (optional) flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o 605.020 ; listed a	7 (3)(s the
he re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early and the feet of the record is filed.	arlier o	of:
Dated	February 21, 2018.		
	Signature of a member or authorized representative of a member	_	
	/		

Page 3 of 3

Filing Fee: \$25.00

Detail by Entity Name

Florida Limited Liability Company CRAIG BOAT VISTA PARAISO LLC

Filing Information

Document Number

L18000021141

FEI/EIN Number

NONE

Date Filed

01/23/2018

Effective Date

01/18/2018

State

FL

Status

ACTIVE

Principal Address

2931 BLUFF BLVD HOLIDAY, FL 34691

Mailing Address

2931 BLUFF BLVD

HOLIDAY, FL 34691

Registered Agent Name & Address

CRAIG, RAYMOND M, III

2931 BLUFF BLVD

HOLIDAY, FL 34691

Authorized Person(s) Detail

Name & Address

Title MGR

CRAIG, SHON M, III

2931 BLUFF BLVD

HOLIDAY, FL 34691

Title MGR

CRAIG, SHARYN D

2931 BLUFF BLVD

HOLIDAY, FL 34691

Annual Reports

No Annual Reports Filed

Document Images

01/23/2018 -- Florida Limited Liability

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