# 48000067641

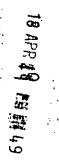
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## **COVER LETTER**

TO:	Régistration Section Division of Corporation	Ons	•		•
SUBJE	ECT:	Buxmans	Sell	Paradis	se
		Name of Limit	ed Liability Co	mpany	
The en	closed Articles of Amend	ment and fee(s) are subm	nitted for filin	g.	
Please	return all correspondence	concerning this matter to	the followin	ıg:	
		Cha	rd B	uxman	
			Name of		
			F: (G		. <u></u>
			Firm/Co	mpany	
	Responder In  Address  Palm Coast, FL 32137  City/State and Zip Code  buxman estate @ gmail. com  E-mail address: (to be used for future annual report notification)				
		Palm	Coas	t, FL 3	2137
	<del></del>		City/State and	d Zip Code	
		bux mo	n est	rate o g	mail. com
For fur	ther information concerni			tare amain report no	meanon
	Chad Buy	xman	at ( 5	61, 929	4172
	Name of Person		Area	Code Daytin	ne Telephone Number
Enclos	ed is a check for the follo	wing amount:			
	5.00 Filing Fee S	_	Certifie	Filing Fee & ed Copy al copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy

### 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

	Il Paradise L.L.C.
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOO 67641</u> This amendment is submitted to amend the following:	were filed on March 15, 2018 and assigned
A. If amending name, enter-the new-name of the limited-liab	ility-company-here:
Chad Buxman L.L.C	•
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8 Lycander In. Palm Coast, FL 32137
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, FL 32137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 Lysander In. Palm Coust, FL 32137
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	ASS
The state of the s	Enter Florida street address
	City Zip Code
New Pegistered Agent's Signature if shanging Pegistered Agent.	₩. <b></b>

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> **Name Type of Action** <u>Address</u> Maayan B Buxman 8 Lysander In. \_\_Add AR Palm Coast, FL 32137 ☐ Change □ Add □ Remove

	Remove
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	☐ Add
	☐ Remove
	□ Change
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Page 3 of 3

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