

L18000 159793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

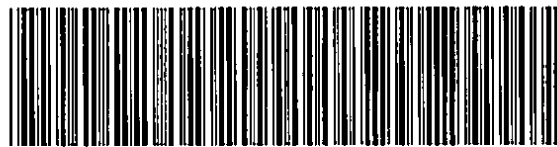
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nice Paradise, 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:

ULRICH REINECKER

Name of Person

NICE PARADISE, LLC

Firm/Company

501 NE 31 STREET, UNIT 1803

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

ULRICH64@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN SCHORMANN

415

987-5588

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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

NICE PARADISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/29/2018 and assigned Florida document number L18000159793.

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)

NICE PARADISE, LLC

501 NE 31 STREET, UNIT 1803

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NICE PARADISE, LLC c/o C. Schormann

509 17th Avenue E

Seattle, WA 98112

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

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ulrich Reinecker	501 NE 31 St. #1803 Miami, FL 33137	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christian Schormann	509 17 Avenue E Seattle, WA 98112	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If attending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD NICE PARADISE.LLC FE/EIN # to read: 30-111-8951

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____ 12/11/2018

Authentic:

Ulrich Reinecker

12/11/2018 4:07:24 PM EST

Signature of a member or authorized representative of a member

ULRICH REINECKER

Typed or printed name of signee

AuthentiSIGN[®]

Signing Certificate

Certificate ID: 3E38CECD-3022-451C-9DA2-654F0567793C

Date: 12/11/2018 9:37:50 AM

Signing Information:

Signing Name: 12/11 Sunbiz

ID: 3E38CECD-3022-451C-9DA2-654F0567793C

Status: Document has been signed by all parties.

Start Date: 12/11/2018 9:37:50 AM

End Date: 12/11/2018 4:07:27 PM

Signers: 1

Reviewers: 0

CC: 0

Creator: Ms. Mary Anderson

Email: marysellsmiami@gmail.com

IP Address: 170.250.205.193

Address: 1600 Ponce de Leon Blvd Suite 1000

Document Information:

Document Name: Final Document

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Pages: 6

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Participant Activity:

Signature / Initials:

Name: Ulrich Reinecker

AuthentiSIGN
Ulrich Reinecker

UR

Email: ulrich64@gmail.com

Type: Remote Signer

EULA/TOS/ABP/CCD: Accepted: 12/11/2018 4:06:46 PM [IP:41.216.120.57]

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