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## **COVER LETTER**

	Registration Se Division of Cor				
ena nec		arrea Commercial LLC	•	<b>6</b>	
SUBJEC	.l:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	J	
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Aaron Parvey			
			Name of Person		
		Palm Paradise Real Est	ate		
			Firm/Company		
		6385 Presidential Ct. Su	uite 104		
			Address		
		Fort Myers, FL 33919	Name of Limited Liability Company  and fee(s) are submitted for filing.  rating this matter to the following:  Authorized Person  radise Real Estate  Firm/Company  esidential Ct. Suite 104  Address  ars, FL 33919  City/State and Zip Code almparadiseteam.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  at (		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		aaron@palmparadisetea			
For furth	er information c	E-mail address; ( oncerning this matter, please c		ification)	
Aaron P		- ,	239 910-2538		
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>■</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	Mailing Addres Registration S			ection	
	Division of C	Corporations	<del>_</del>		
	P.O. Box 632				
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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ted Liability Company," the designa	ition "LLC" or the abb	reviation "L.L.C."
ESS)		
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l office address on our record	is, <u>enter the name</u>	of the new registered
		<del></del>
Enter Florida str	reet address	
Enter Florida str	reet address	
Enter Florida str City	reet address	Zin Code
	y Company as it now appears on a Limited Liability Company)  company were filed on 04/11/2  ted liability company here:  ted Liability Company." the designal	y Company as it now appears on our records.) Limited Liability Company)  company were filed on 04/11/2019  ted liability company here:  ted Liability Company," the designation "LLC" or the abb

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>	Address	Type of Action
AMBR	Kevin Rosenthal	6385 Presidential Ct. Suite 104	<b>≣</b> ∧dd
		Fort Myers, FL 33919	□Remove
			□Change
AMBR	Marcus Larrea	6385 Presidential Ct. Suite 104	<b>=</b> Add
		Fort Myers, FL 33919	□ Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prior ock does not meet the applic	to date of filing or more that able statutory filing requi	(optional) n 90 days after filing.) Pursuant rements, this date will not b	to 605.0207 (3 be listed as th
he record specifies a delayed effective ord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
Dated	2019	<u> </u>		
, ,	7/			
	Signature of a member or author	orized representative of a me	:mber	<del></del>
Aaron Parvey				
	Typed or print	ed name of signee		

Filing Fee: \$25.00