## 19000 150 881

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



900330855739

07/12/19- 01011--013 - ••35.00



## **COVER LETTER**

| Divis             | ion of Corpo   | orations  |   |  |
|-------------------|----------------|---|---|--|
| SUBJECT:          | Paradise Plan  | n LLC   |   |  |
| _                 |                | Name of Limi                                    | ted Liability Company   | · · · · ·  |
|                   |                |   |   |  |
| The enclosed      | Articles of A  | mendment and fee(s) are subn                    | nitted for filing.  |  |
| Please return :   | ill correspond | lence concerning this matter t                  | to the following:   |  |
|                   |                | Gary Henriksen                                  |   |  |
|                   |                |   | Name of Person  |  |
|                   |                | Ironclad Tax Accounting L                       | LC  |  |
|                   |                |   | Firm/Company  | <del></del>  |
| 328 Emmalee Place |                |   |   |  |
|                   |                |   | Address   | <del></del>  |
|                   |                | The Villages FL 32162                           |   |  |
|                   |                |   | City/State and Zip Code   |  |
|                   |                | ParadisePalm1@gmail.com                         |   |  |
|                   |                |   | o be used for future annual report r                                | notification)  |
| For further inf   | ormation con   | cerning this matter, please cal                 | 11:   |  |
| Gary Henriks      | en             |   | 352 350-1733  |  |
| Name of Person    |                |   | at ()   | time Telephone Number  |
|                   |                |   |   |  |
| Enclosed is a c   | heck for the   | following amount:                               |   |  |
| ■ \$25,00 Fil     | ing Fee        | □ \$30.00 Filing Fee &<br>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

TO:

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

FILED

Paradise Plam LLC

(Name of the Limited Liability Company as it now appears on our cords) 12 P & 08

| The Articles of Organization for this Limited Liability Company  | were filed on June 6, 20 MERETARY OF STATE                       |
|--|--|
| Florida document number 1.19000150881  |  |
| This amendment is submitted to amend the following:  | · · · · · ;  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |
| Paradise Palm LLC  |  |
| 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:  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |
|  |  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her 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 agr<br>provisions of all statutes relative to the proper and complete                        | ree to act in this capacity. I further agree to comply with the  |

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 = N $AMBR = N$ | lanager<br>authorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| Title              | <u>Name</u>                  | Address | Type of Action |
|                    |                              |         | Add            |
|                    |                              |         | □ Remove       |
|                    |                              |         | □ Change       |
|                    | ·                            |         | Add            |
|                    |                              |         | ☐ Remove       |
|                    |                              |         | □ Change       |
|                    |                              |         |                |
|                    |                              |         | □ Remove       |
|                    |                              |         | ☐ Change       |
|                    |                              |         |                |
|                    |                              |         | □ Remove       |
|                    |                              |         | ☐ Change       |
| ·                  |                              |         | D Add          |
|                    |                              |         | ☐ Remove       |
|                    |                              |         | Change         |
|                    |                              |         |                |
|                    |                              |         | ☐ Remove       |
|                    |                              |         | Change         |

|   |                     | *             | <u>.</u>                                 |                                      |  |                                |
|---|---------------------|---------------|--|--------------------------------------|--|--------------------------------|
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  | <del></del>                    |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     | <del></del>   |  |                                      | <del></del>                                    |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  | <del></del>                    |
|   |                     | ···           |  |                                      |  | <del></del>                    |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  | <del></del>                          |  |                                |
|   | <del></del>         |               | <u></u>                                  |                                      | - <u>-                                    </u> |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     | <del></del>   |  |                                      |  |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      |  |                                |
|   |                     |               |  |                                      | <del></del> -                                  |                                |
|   |                     |               |  |                                      |  |                                |
|   | ,                   | aly 15, 2019  |  |                                      |  |                                |
| ctive date, if other than th  | ie date of filing:  | -             | <del> </del>                             | (                                    | ptional)                                       |                                |
| effective date is listed, the date me: If the date inserted in this | block does not meet | the applicabl | date of filing or n<br>e statutory filir | nore than 90 days<br>ng requirements | after filing.) Pursu<br>, this date will n     | iant to 605,02<br>of be listed |
| ument's effective date on the                                       | Department of State | 's records.   | •  | Ç                                    |  | Tod Willed                     |
|   |                     |               |  |                                      |  |                                |
| ecord specifies a delaye  | ed effective date   | , but not a   | n effective                              | time, at 12:(                        | 1 a.m. on th                                   | e earlier                      |
| ne 90th day after the re  | cord is filed.      |               |  |                                      |  |                                |
| July 8.   | <b>າ</b>            | 019           |  |                                      |  |                                |
| ed July 8.  | <del></del> ·       | ······        |  |                                      |  |                                |
| p.m.  | 1                   |               |  |                                      |  |                                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00