119000202822

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: PA	ADTSE LTO Name of Lin	NTDATTOS lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John	CYUGAS Name of Herson	
	PARAI	DISE LTPUTS Firm/Company	PATEOS
		Searcy ct	
	mtsales	City/State and Zip Code (1) G mail. Com to be used for fluture annual report not	
For further information o	E-mail address; (oncerning this matter, please ca		ification)
1		at (457) 574 Area Code Daytin	936 ne Telephone Number
Enclosed is a check for th	ne 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



August 28, 2019

JOHN SCRUGGS 10124 SEARCY CT ORLANDO, FL 32817

SUBJECT: PARADISE LIQUIDATIOS, LLC

Ref. Number: L19000202822

We have received your document for PARADISE LIQUIDATIOS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00017863

Rebekah White Regulatory Specialist II Supervisor

EP 19 PN 2:09

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARADISE LICONOMICS (Name of the Limited Liability)	Company as it now appearmited Liability Company)	S 2019 SEP 19 AM 7: 20
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on	OTO919 and assigned
Florida document number <u>L 19000202722</u>	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company h	ere:
The new same must be distinguishable and contain the words "Nimited	LDATTO	NS, Limited liability Gman
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Flor	ida 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>	Address	Type of Action
			D Add
			Remove
			Change
			Remove
			Change
			Add
			🗆 Remove
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	Please Amend UC Vame
	PARADISE LIQUIDATIOS, United liability
	To New UC Name: PARADIGE LIQUIDATION Limited liability Company
_	
\overline{Z}	low Name 3 Paradise Liquidations, Limited Linbility
effecti <u>e:</u> If i	e date, if other than the date of filing: (optional) ive 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 605.0; the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
ed	Signature of a representative of a member
	, 01

Page 3 of 3

Filing Fee: \$25.00