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COVER LETTER

Registration Section Division of Corporations

TO:

CUDIECT.	FLORIDA PAI	RADISE REALTY, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Deborah J. Webb	
		Name of Person	
		Firm/Company	
		208 Edge Avenue	
		Address	
		Valparaiso, FL. 32580	
		City/State and Zip Code	
	dwebb.paradise@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
Debbio	J. Webb	850 687-2166	
Name	of Person	Area Code Daytin	ne 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA	A PARADISE REALTY, LLC			
(Name of the Limited L (A F	ability Company as it now appear forida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabil	ity Company were filed on	February 18, 2020	and assigned	ı
Florida document number 1.20000051668	·			
This amendment is submitted to amend the following	g:			
A. If amending name, <u>enter the new name of the</u>	limited liability company h	ere:	10 2	
Florida Paradise Homes Realty, LLC			2020 SECT	
The new name must be distinguishable and contain the words	"Limited Liability Company," the c	lesignation "LLC" or th	e abbreviation L.L.C."	
Enter new principal offices address, if applicable	: <u></u>		ည်း ထို	·
Principal office address MUST BE A STREET A	DDRESS)		//	<u>;</u>
				<u>_</u> :
			#1.0 5	
Enter new mailing address, if applicable:				
Muiling address MAY BE A POST OFFICE BO	<u> </u>			
			-	
B. If amending the registered agent and/or regis		ecords, <u>enter the n</u>	ame of the new reg	ister
agent and/or the new registered office address ho	ere:			
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			JA Henove
			- Change
			THE Move
			□Change
			□Add
			□Remove
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Effective dat	e, if other than the date of	f filing:		_ (optional)	
If an effective da	ate is listed, the date must be spec date inserted in this block doe	ific and cannot be prior to da	te of filing or more than 90 statutory filing requirem	days after filing.) Pursuan	it to 605.020 be listed a
document's ef	ffective date on the Departme	nt of State's records.			
e record specif rd is filed.	fies a delayed effective date, b	out not an effective time, a	at 12:01 a.m. on the earli	ier of: (b) The 90th d	ay after the
Dated	February 26	2020			
		Debrick 1- W	1.st		
	Signatu	re of a member or futhorized	1 representative of a member	er	
		Deborah J.			

Filing Fee: \$25.00