## 1200059430

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FILED

## **COVER LETTER**

SUBJECT: Paradise Home tech & Renovations We 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:  Feb. Sh. Ka Campbell - Dunn Name of Person	Division of Corporations
Please return all correspondence concerning this matter to the following:	SUBJECT: Paradise
	The enclosed Articles of Amendme
Febshcka Campbell - Dynn Name of Person	Please return all correspondence co
Paradise thome tech & Renovations LLC Firm/Company	lara
11582 Sw Village Parkway, Unit 158	<u> 115</u>
Port Saint Lucie FL 34987 City/State and Zip Code	<u>Po</u>
Febsheka Quahoc. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	For further information concerning
Febshekh Campbell-Dunn at (954) 696-1350  Name of Person Area Code Daytime Telephone Number	Febshekh Camp Name of Person
Enclosed is a check for the following amount:	Enclosed is a check for the following
<ul> <li>         ∑ \$25.00 Filing Fee</li></ul>	

TO:

**Registration Section** 

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED The Articles of Organization for this Limited Liability Company were filed on \_ ロンノント ひとこ and assigned Florida document number L 20000059430 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." 11582 SW Village Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Courie St Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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 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>	Name	Address	Type of Action
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			□Remove
			□Change
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Signature of a member or authorized representative of a member		march 23 2024
Signature of a member or authorized representative of a member	ed_	
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Filing Fee: \$25.00