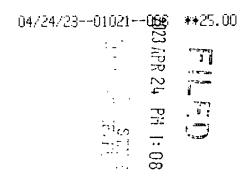
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Y. SCOTT
JUN 1 0 2023

COVER LETTER

TO: Registration So Division of Cor			
Paradise Pa	ilms Luxury Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Kimberly A. Nash		
		Name of Person	
		Firm/Company	
	9913 Horse Creek Road	Time company	2023 NPR 24
		Address	27
	Fort Myers, Florida 33913		P
	kn.paradiserealtor@gmail.c	City/State and Zip Code	PH 1: 08
		to be used for future annual report not	
	concerning this matter, please c		
Kimberly A. Nash	£D	239 308-5256 at ()	ne Telephone Number
Name (of Person	Area Code Dayin	ne rereptione Nutrice
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Se	ection
Registration Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee be Street, Suite 810
Tallahassee,	rに 32314	2415 IN. MONTO	oc succi, suite o 10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise Palms Luxury Group, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rectability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on 01/11/2021		_ and assigned
lorida document number L21000024814			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
Gimberly A. Nash, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbr	wanton "L.L.C."
Inter new principal offices address, if applicable:			
•		•••	<u> </u>
Principal office address MUST BE A STREET ADDRESS		· .	
		. 1	
Inter new mailing address, if applicable:		ا المارية المارية	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office a	address on our records, <u>er</u>	iter the name	of the new regi
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Tien Registered Office Hadrons.	Enter Florida street ac	ldress	
		. 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>	Name	Address	Type of Action
			Remove
			Change
			□Add
			Remove 7073 i Donange 24
			No Donange 21 T Add Remove
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ective date, if other than the effective date is listed, the date in	ne date of filing:	unnot be prior to o	late of filing or n	sore than 90 day	(optiona /s after fili	al) ng.) Purs	uant to 605.0
te: If the date inserted in this nument's effective date on the	block does not mee	et the applicabl	e statutory filir	ig requiremen	ts, this da	ite will	not be listed
ament a circuit o date on the	,, . ,						
cord specifies a delayed effec s filed.	tive date, but not ar	n effective time	, at 12:01 a.m.	on the earlier	of: (b)	The 90t	h day after t
April 17		2023					

Filing Fee: \$25.00