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| ———(Add | dress) | |
| (City | y/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Na | me) |
| (Doc | cument Number |) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to F | Filing Officer: | |
| | | paerola |





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| | | COVER LETTER | 1 | |
|--|--|--|--|----|
| TO: Amendment Se Division of Cor | | | | |
| NAME OF CORPO | DRATION: 131 SE Paradise L. | I.C | | |
| | L21000056082 | | | |
| | s of Amendment and fee are sul | bmitted for filing. | | |
| Please return all corr | espondence concerning this man | tter to the following: | | |
| | Bradley Gies | | | |
| | | Name of Contact Pers | son | |
| | The Law Office of Bradley G | iies PA | | |
| | | Firm/ Company | | |
| | 1983 PGA Blvd, Suite 102 | | | |
| Address | | | | |
| | Palm Beach Gardens, FL 334 | 08 | | |
| | | City/ State and Zip Co | ode | |
| | Bradgies@giesław.com | | | |
| | E-mail address: (to be us | ed for future annual repo | ort notification) | |
| For further informati | on concerning this matter, pleas | se call: | | |
| Bradley Gies | | at (561 | 406-8247 | |
| Name | of Contact Person | | Code & Daytime Telephone Number | |
| Enclosed is a check | for the following amount made p | payable to the Florida De | epartment of State: | |
| S35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) | Q |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Ame Divis The 2415 | et Address Indiment Section Sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 Ahassee, FL 32303 | コフ |



RECEIVED

2021 JUN -4 AM 11: 27

Clark Charles

May 25, 2021

BRADLEY GIES 1983 PGA BLVD. SUITE 102 PALM BEACH GARDENS, FL 33408

SUBJECT: 131 SE PARADISE, LLC

Ref. Number: L21000056082

We have received your document for 131 SE PARADISE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham OPS

Letter Number: 421A00011143

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(%)

COVER LETTER

| TO: Registration Section Division of Corporation | | | |
|--|--|---|--|
| 12 | 1 CF Para | dise LLC | |
| SUBJECT: VS | 1 SE Para | ed Liability Company | |
| | | | |
| The enclosed Articles of Ar | nendment and fee(s) are subm | nitted for filing. | |
| Please return all correspond | lence concerning this matter to | the following: | |
| | Braylex | (-705 Name of Person | |
| | | | |
| | DIAO 184 | Firm/Company | |
| | 1483 P | Firm/Company GABIVU Ste Address | . 102 |
| | · | Address | |
| | PBG FL | 3 34 08 | |
| | Bradgies @ | City/State and Zip Code Gies law. Com He used for future annual report notifica | ation) |
| For further information con | cerning this matter, please cal | | , |
| Bradley | bios | at (240) 670 | -4437 |
| Name of P | Person | Area Code Daytime T | elephone 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) | Cl \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Address:</u> Registration Se | | Street Address: Registration Secti | on |
| Division of Co P.O. Box 6327 | rporations | Division of Corpo The Centre of Tal | orations |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

| 151 JE paradise | | | | |
|--|--|--|--|--|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Florida document number \(\begin{align*} \lambda 2 & 0 & 0 & 0 & 6 & 0 \rightarrow \end{align*} | y Company were filed on $\frac{2/1/21}{}$ and assigned | | | |
| This amendment is submitted to amend the following | ;; | | | |
| A. If amending name, enter the new name of the N / A | | | | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | <u> </u> | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | | |
| | ered office address on our records, enter the name of the new registered | | | |
| agent and/or the new registered office address her | <u>e</u> : | | | |
| Name of New Registered Agent: | V/A | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | , Florida | | | |
| New Registered Agent's Signature, if changing Regist | Ch | | | |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered | ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability | | | |

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 |
|--------------|---------------|---------------------------------------|--------------------|
| ANBR | Thomas Lumbra | 4188 Westroads Drive, Unit 112 | □Add |
| | | West Pain Beach, FL 3340 | |
| | | | □Change |
| | | | □Add |
| | | | 🗆 Remove |
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| | | | □ Change |

| - | iny other information, $V \neq \bigwedge$ | enter change(s) he | re: (Attach additiona | I sheets, if necessary | :.) |
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| Note: If the da | , if other than the date e is listed, the date must be spate inserted in this block detective date on the Department. | oes not meet the appli | cable statutory filing re | than 90 days after filing. |) Pursuant to 605,0207 (3 |
| the record specificord is filed. | es a delayed effective date | e, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) Th | |
| _ | 10 20 | 2021 | | Ċ | = = 7 |
| Dated | 7 01 | . 2021 | · | | 1 - NATE 1207 |
| | 1/1/ | | horized representative of | | |

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