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TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Paradise Drywall and Painting LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Gevawer
Name of Person

Paradise Drywall and Painting
Firm Company

1848 Talpeco Rd
Address

Tallahassee Florida 32303
City/State and Zip Code

~~Paradise Drywall~~ Paradise drywall and painting@gmail.com
(E-mail address; not to be used for future annual report notification)

For other information concerning this matter, please call:

Daniel Gevawer at (850) 570-3232
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$0.00 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 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

Paradise drywall and Painting LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 03/03/2021 and assigned
the document number L21000104398

This amendment is submitted to amend the following:

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

Zip Code

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
understand 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

2 = Manager
3R = Authorized Member

BR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the first filing.

Dated 04/03/2023, 12:57

Signature of a member or authorized representative of a member

Daniel Gevawer
Typed or printed name of signer