L21000 271759

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I	(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
CORPORATE COSTS	Paradise, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
Please return all correspondence	ondence concerning this matter	to the following:		
	Jury G Krajack, Sr.			
		Name of Person		
	Christmas Paradise, LLC			
		Firm/Company		
	8625 97th Ave			
		Address		
	Vero Beach, FL 32967			
		City/State and Zip Code		
	jury@krajack.com			
		to be used for future annual report notif	neation)	
For further information of	concerning this matter, please c	all:		
Jury G Krajack, Sr		772 480-9890		
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address:		
Registration	Section	Registration Sec		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee,		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTMAS PARADISE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/18/2021}{1}$ ___ and assigned Florida document number ______L21000231759 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 "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) 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 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>	<u>Address</u>	Type of Action
AMBR	Joann E Quail Trust	8646 105th Ave	
		Vero Beach, FL 32967	≣Remove
			□Change
AMBR	Lloyd S Quail Trust	155 E Kiawa LN	= Add
		Paulden, AZ 86334	□Remove
			□Change
			□Add
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			Remove
			Change

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ffective date, i	f other than the date	of filing:		(option	al)
ote: If the date		oes not meet the app	dicable statutory fili	more than 90 days after fil ng requirements, this d	
record specifies is filed.	a delayed effective date	e, but not an effectiv	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
December.	. 17	. 2023			
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Filing Fee: \$25.00