



Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Coi	rporations				
SHATE	GULFCO/	AST PARADISE LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		EMILY K VU				
			Name of Person			
		GULFCOAST PARADIS	E LLC			
			Firm/Company			
		4411 BEE RIDGE RD, #6	33	Section Section Sumber Section Section		
			Address			
		SARASOTA, FL 34233				
			City/State and Zip Code			
		EMILYKVU@GMAIL.CO				
			to be used for future annual report no	stification)		
For further in	iformation c	oncerning this matter, please ca	all:			
EMILY K V			941 928-0368 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
	ling Addres distration S		Street Address: Registration S	ection		
Div	ision of C	orporations	Division of Co	orporations		
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFCOAST PARADISE LLC					
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our reco Liability (, ompany)	<u>rds.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on AUG 11, 2021	and assigned			
florida document number 1.21000361480					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u> Alao H.					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	I C" or the abbreviation "L.I.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		202 <u>4</u> TO			
		 			
Enter new mailing address, if applicable:		SX m			
Mailing address MAY BE A POST OFFICE BOX)		Sign B			
		7. Z			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regist			
Name of New Registered Agent:					
New Registered Office Address:					
And the state of t	Enter Florida street address				
	, Florida				
· 	Cny	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. Thereby confirm that the limited liability company has been notified in writing of this change.

H 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
			□Add
			□Remove
			□ Add
		·	
			Change
			DAdd
			□Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
	•		Change
			□Add
			□Remove
			□Change

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Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after thing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 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 ord is filed. Dated APRIL 14 2024		-					
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	APRIL 14		2024	<u>_</u> .			
Signature of a member or authorized representative of a member		i					
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