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A. BUTLER
JAN 2 8 2022

## **COVER LETTER**

Division of C	orporations		
Paradise   SUBJECT:	Bingo LLC		•
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Rhonda D Collins		
		Name of Person	
	Paradise Bingo LLC		
		Firm/Company	
	PO Box 788		
		Address	
	Milton, FL 32572		
		City/State and Zip Code	
	paradisebingopns@gmail.co		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Rhonda Collins		850 572-7515 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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 Bingo LLC		ACCEPTAGE OF THE STATE OF THE S		
(Name of the Limited Liability Compa (A Florida Limited				
The Articles of Organization for this Limited Liability Company Florida document number 1.22000004876	were filed on 12/27/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4469 Mobile Hwy			
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32506			
Enter new mailing address, if applicable:	PO Box 788			
(Mailing address MAY BE A POST OFFICE BOX)	Milton, FL 32572			
		de de la companyación		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	adaress on our records, <u>er</u>	iter the name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ac	ddress		
		, Florida		
***		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	City	nap couc		

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 Type of Action <u>Address</u> **Title** Name \_\_ 🗆 Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Remove \_\_\_\_ 🗀 Add \_\_\_\_\_\_ Remove \_\_\_\_\_ 🗆 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 \_\_\_\_\_ □ Remove

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an effective date is listed, the date mu	st be specific an	id cannot be prio	r to dute of filing o	r more than 90 days	s after filing.) Purs	uant to 605.020
ocument's effective date on the D	epartment of	State's record:	s.	inig requirement	s, this date will i	iot de fisied as
	re date, but no	ot an effective	ime, at 12:01 a.r	n. on the earlier	of: (b) The 90th	h day after the
record specifies a delayed effective						-
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record specifies a delayed effective is filed.  January 11		2022	·			
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l is filed.  January 11 ated			<u> </u>	ive of a member		

Filing Fee: \$25.00