

172000291110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

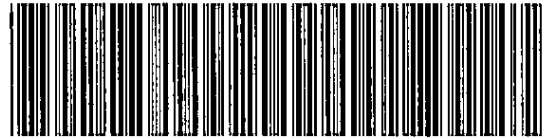
(Document Number)

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A.

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SECRETARY OF STATE  
2022 AUG 24 AM 10:06  
OFFICE OF CORPORATIONS

JOENNIS  
11/1/22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paradise on Periwinkle LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Angela Duce  
Name of Person

Firm/Company

3200 Heron CV  
Address

Winter Haven, FL 33884  
City/State and Zip Code

angiebduea@outlook.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Paradise on Periwinkle LLC

**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>	<u>Type of Action</u>
AMBR	Charlotte Tucker	3430 Turnberry Dr	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Henry E. Tucker	3430 Turnberry Dr	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angela Duce	<del>Angela Duce</del> 3200 Heron Cv	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Dated ~~8-22-22~~ Aug 22, 2022.

Charlotte Zucker

Signature of a member or authorized representative of a member

Charlotte Tucker

Typed or printed name of signee