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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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TO: **Registration Section Division of Corporations**

Paradise Patio LLC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Brian Menéndez BH Outdoor Creations LLC 1010 NW 18346 St Address - 1 FI 33/69 City/State and Zip Code <u>, 1</u>1 E-mail address: (to be used for source annual report notification) ____ ------ \circ

For further information concerning this matter, please call:

rendez

Name of Person

at (<u>305</u>)____ 5243 244 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

2 \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filmg 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

| BM Outdoor Creat (<u>Name of the Limited Limited</u> | ny as it now appears on our records.) |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number $\angle 2200329/39$. | were filed on $\frac{O3/25/2022}{2022}$ and assigned |
| This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u> i | <u>ility company here</u> : |
| PARADISE PATIO LLC The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 1010 NW 183th St Miami Fl 33/69 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1010 NW 183th St Hiami F=/ 33169 |

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: r~ 1

| Name of New Registered Agent: | · | ` | · | |
|---|------------------------------|-----------|----------|--|
| New Registered Office Address: | | | 2.1 | |
| | Enter Florida street address | | | |
| | , Florida | | | |
| New Registered Agent's Signature, if changing Registered Agent; | City | ,~ , f | Zip Code | |

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. 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 filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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.

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 July 31 2024 Signature of member or authorized representative of a member Brian Henrade Typed or printer printed name of signee

Filing Fee: \$25.00