L22000347554

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:		istration Sedision of Cor							
		THIS SIDE OF PARADISE LLC					,	*	, 9
SUBJEC	CT:			ited Liability Company		,		,	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn	all correspon	ndence concerning this matter	to the following:					
			Shannon Bona						
				Name of Person				_	
			THIS SIDE OF PARADIS	SE LLC					
				Firm/Company				-	
			605 Granada Circle, Unit G	C					د~
				Address		•		- 3	022
			Panama City Beach, FL						E
				City/State and Zip Coo	de				9
			info@thissideofparadisellc.						
			E-mail address: (to be used for future annu	ual report notif	ication)	-		
For furth	her in	formation co	oncerning this matter, please ca	all:				· ·	ဌာ
Shannoi	п Во	na		203 at ()	592-4688				
		Name of	f Person	Area Code	Daytime	: Telephon	e Numbe	er	
Enclosed	d is a	check for th	ne following amount:						
■ \$2 5	.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is			Certifica Certified	filing Fee, ate of Stat d Copy d copy is end	tus &
		iling Addres			Address:				
Registration Section Division of Corporations			•	Registration Section Division of Corporations					
		7181011 01 C	•		The Centre of Tallahassee				
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THIS SIDE OF 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 $\frac{8/8/2022}{1}$ and assigned Florida document number L22000347554 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 "L.L.C." or the abbreviation "L.L.C." 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

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.

_, Florida ___

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>	Address	Type of Action
MGR	Joshua Bach	605 Granada Circle, Unit C	
-	Jos Joseph	Panama City Beach, FL 32413	■Remove
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ective date, if other than the	date of filing:			((optional)	
effective date is listed, the date muse: 1 If the date inserted in this bl	t be specific and car	nnot be prior to		r more than 90 day	s after filing.) Purs	
ument's effective date on the D				B . a d a a	o, mis adio min	
cord specifies a delayed effectives filed.	e date, but not an	effective tim	e, at 12:01 a.r	m. on the earlier	of: (b) The 90t	h day after th
December 15	1	2022				

Typed or printed name of signee