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(Req	uestor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to F	ning Officer.	
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Office Use Only



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Needle point lu Name of Limited	Paradise 2 LLC d Liability Company
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.
Please return all correspondence concerning this matter to	the following:
hynn	B. CRACE
Needlepa	out In Paradise 2
975 Imp	erial Golf Course Blud unit 1
Naples,	FLA 34110 City/State and Zip Code
nedlevoi E-mail address: (to	ntubaradise Concert, net
For further information concerning this matter, please call	:
Name of Person	at ( <u>239</u> ) <u>591 0654</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	22 SEP
\$25.00 Filing Fee Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Needlepoint of	In Para dise	2 LLC	<u>ر</u>	
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>ト                                   </u>	ompany were filed on 8	19/3027	and assi	gned
This amendment is submitted to amend the following:				
(A Florida Limited Liability Company)  c Articles of Organization for this Limited Liability Company were filed on 9 10 20 22 and assigned orda document number				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "LLC" or the ab	obreviation "L.I	c."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRI	<u> </u>		- N	
		<del>_</del>		- <del>12</del> - <del>27</del>
Enter new mailing address, if applicable:			.P 23	
Mailing address MAY BE A POST OFFICE BOX)			A	<u> </u>
				; · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the nam</u>	_	register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
		Florida		

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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Donna McCann	1950 Imperial Golf Naples, Fla 3410	Wel BU
		Naples, Fla 3410	Remove
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(II an effe	ve date, if other than the date of filing: (optional) ctive 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	to 605.021
docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bent's effective date on the Department of State's records.	e listed a
If the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after th
record is file		r after til
Dated _	9/20/2022	
Dated_	The words.	
	Thomas Kunner Man	

## State of Florida Department of State

I certify from the records of this office that NEEDLEPOINT IN PARADISE2 L.L.C. is a limited liability company organized under the laws of the State of Florida, filed on August 10, 2022.

The document number of this limited liability company is L22000352444.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of September, 2022



Secretary of State

Tracking Number: 9559319443CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

#### onlinewebcert@dos.myflorida.com

9/1/2022 12:19 PM

### Certificate of Status -L22000352444 ;cl22000352444-1c4d1d32-5c72-411c-bbcc-d84c35f45c43

To needlepointinparadise@comcast.net

SUBJECT: NEEDLEPOINT IN PARADISE2 L.L.C.

EMAIL ADDRESS: needlepointinparadise@comcast.net

DOCUMENT NUMBER:L22000352444

In compliance with the request for your current Certificate of Status, the certificate of status for the subject business entity is attached.

Should you have any questions regarding this matter, please telephone (850) 245-6056.

**Division of Corporations** 

Letter Number: ci22000352444-1c4d1d32-5c72-411c-bbcc-d84c35f45c43

• 9559319443CU.pdf (152 KB)