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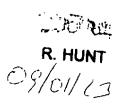
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DIVISION OF CORPORATION



COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Paradise in the making UC 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:	
Tiffany Blake Mckenna Name of Person Paradise in the making LLC Firm Company	0000
Paradisk in the making LLC Firm'Company 13548 Kitty Fork Rd Address Or bando, Fr. 32828 City/State and Zip Code	;
City/State and Zip Code Frankryckenna @yana.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Same of Person at (407) 907-1310 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status S55.00 Filing Fee Solution Certificate of Status Status Status Solution Certificate of Status Solution Statu	
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

taradise in the m	vaking UC	_
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 112012023 and a	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Shop Art And Soul LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		0147510 2023 SE
(Principal office address MUST BE A STREET ADDRESS)		SER
		1 722
Enter new mailing address, if applicable:		PHI
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the n</u>	<u>iew registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Cod	le

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.

. 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>	Type of Action
			🗀 Add
			□Remove
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Note: If the date inse	her than the date of fi ed, the date must be specific erted in this block does n date on the Department	ot meet the applica	61	(optional) than 90 days after filing. equirements, this date	Pursuant to 605.02 will not be listed	07 (3)(b as the
If the record specifies a de record is filed.	slayed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) The	e 90th day after th	ie
Dated Aug	gust 28	_, <u>2023</u>	_•			
	Signature of	of a member or author	ized representative of	nember		
	4,64	Cuncy By Typod or printed	Le Me	Kenna		