## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000229281 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : {877}919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FFILF1234@INCFILF.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRAVEL PARADISE LLC

Certificate of Status 0 0 Certified Copy 05 Page Count Estimated Charge \$25.00

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Tallahassee, FL 32314

## COVER LETTER

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TO: Registration So Division of Co.	rporations :		
		PARADISE LLC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	<del></del>
	17350 STATE HWY 249 S	STE 220	
	<del></del>	Address	
	HOUSTON TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual	report notification)
For further information of	concerning this matter, please co	all:	
LOVETTE DOBSON		1	888-462-3453
Name c	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
Mailing Addres		Street Ac	
Registration Division of C			ation Section n of Corporations
P.O. Box 632			ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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, enter the title, name, and address of each person being added or removed from our records: (((H23000229281 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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