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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: 1)	ade's Paradise	Palms ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	
	James L	Name of Person	
	Wade's B	radise Falms LLC Firm/Company	<u>. </u>
	6442 Wes	lesley Drive	25.33
	Brodenton	FL 3H207 City/State and Zip Code	<u> </u>
For further information c	E-mail address: (i	alms @ omailcom to be used for future annual report noti	fication)
Daniela W	York f Person	at (941) 343-	76 73 e Telephone Number
Enclosed is a check for the	ne following amount:		
전(\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 July 11, 2023 and assign Florida document number <u>L23000339180</u> .	ıned

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Lial	bility 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)	
	· · · · · · · · · · · · · · · · · · ·
	7:
Enter new mailing address, if applicable:	55
(Mailing address MAY BE A POST OFFICE BOX)	
	e address on our records, <u>enter the name of the new regist</u>
	e address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	e address on our records, <u>enter the name of the new regist</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
agent and/or the new registered office address here: Name of New Registered Agent:	

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Danielle Ianai Wade	6442 Wellesley Dr Badenton Fl	34507 ∑Add
			Remove
			□Change
			🗆 Add
			□ Remove
		<u></u> .	□Change ≳ ∴ □Add
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	be b
e record specifies a delayed effective date, but not an efferd is filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 7. Dated August 7. Dated Milland)12.
Signature of a member	or authorized representative of a member
6 _	