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(Requestor's Name)
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(Document Number)
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2023 CST 16 RM 7: 56

C/ 10/24/2023

COVER LETTER

O: Registration Section Division of Corporations		
ивјест: <u>Paradise Pr</u>	perty Management & Realty, LLC	
	Name of Limited Liability Company	
he enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
	ncerning this matter to the following:	
	Name of Person	
	Name of Person	
Par	adise Property Management & Realth	1, LLC
125	080 Equisman Cir. Unit 1501	
_F	Ort Myers, Florida 33907 City/State and Zip Code	
-par	E-mail address: (to be used for future annual report notification)	
or further information concerning	this matter, please call:	
Tanner C. Armar	trout (317) 490-7212	
Name of Person	Area Code Daytime Telephone	Number
Enclosed is a check for the follow	nu amount:	
_		60.00 Filing Fee,
	ertificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy additional copy is enclosed)
Mailian Addana	Street Address:	
Mailing Address: Registration Section	Registration Section	
Division of Corporat	ions Division of Corporations The Centre of Tallahasse	
P.O. Box 6327 Tallahassee, FL 323	04153134	
i alialidosco, i il 323	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limite	a Liability Company)	-₹** <u>1</u>	-,
he Articles of Organization for this Limited Liability Compar lorida document number <u>し23009440402</u>	ny were filed on <u>SCAC</u>	mber 21, 2023	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company here:		
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	ation "LLC" or the abbrev	iation "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)			
3. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ce address on our recor	ds, <u>enter the name of</u>	the new registered
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of my as provided for in Chaj	duties, and I am fam. pter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

IGR = Manager MBR = Authorized Member

itle	<u>Name</u>	Address	Type of Action
MBR	Tanner C. Armantmut	12580 Equestrian Cir. Unit1501 Ft. Mycrs FL 33907	DAdd
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Remove
			□ Change
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ective date, if other	ne date must be specific a	nd cannot be prior to	date of filing or mor	(optiona	ig.) Pursuant to 605.020
te: If the date inserted tument's effective date	l in this block does not on the Department of	. meet the applicable State's records.	ie statutory ming i	requirements, uns da	ic will not be fished a
cord specifies a delayons filed.	ed effective date, but n	ot an effective time	e, at 12:01 a.m. on	the carlier of: (b)	The 90th day after the
	0	, 2023	. ·		
ted <u>October</u>	Ath	a member or authori			

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