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(Requestor's Name)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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## **COVER LETTER**

SHB IFC		TO PARADISE LLC		
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
	BJECT:  MOVING TO PARADISE LLC  Name of Limited Liability Company  see enclosed Articles of Amendment and fee(s) are submitted for filing.  case return all correspondence concerning this matter to the following:  Alexander Zynski  Name of Person  Firm/Company  805-4th Ave N #12  Address  SI Petersburg, FL 33701  City/State and Zip Code  Alex@movingtoparadise.com  E-mail address: to be used for future annual report notification)  r further information concerning this matter, please call:  lexander Zynski  Name of Person  Area Code  Name of Person  Stock for the following amount:  E \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Street Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee			
			PARADISE LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  mence concerning this matter to the following:  Alexander Zynski  Name of Person  Firm/Company  805 4th Ave N #12  Address  St Petersburg, FL 33701  City/State and Zip Code  Alex@ movingtoparadise.com  E-mail address: to be used for future annual report notification)  erning this matter, please call:  at (727 / Area Code)  Daytime Telephone Number  billowing amount:  \$\text{S10.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (radditional copy is enclosed)}  \$\text{Street Address:} \text{Registration Section} \text{Division of Corporations} \text{The Centre of Tallahassee}	
		<del></del>	Firm/Company	
		805 4th Ave N #12		
			Address	
		St Petersburg, FL 33701		
			City/State and Zip Code	<u>-                                      </u>
		E-mail address; (	to be used for future annual report no	otification)
For furthe	er information c	oncerning this matter, please c	all:	
Alexande	er Zynski			
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				action
		<del>-</del>		
1	l'allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our record nited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Com Florida document number 1.24000048589	pany were filed on 01/25/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Alexander Mark Zynski, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	805 4th Ave N	24
(Mailing address MAY BE A POST OFFICE BOX)	#12	
	St. Petersburg, FL 33701	26
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

MOVING TO PARADISE LLC

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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		<u> </u>	□Add
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		<del></del>	□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			(Channa)

## Page 2 of 3

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-				
fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior ask does not meet the application.	to date of filing or more that able statutory filing requ	(optional) n 90 days after (iling.) Pursuant t irements, this date will not b	o 605,020; e listed as
record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	: an effective time,	at 12:01 a.m. on the e	arlier o
November 19th ted	2024			
<u>-</u>	· //	<u></u> ·		
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	ignature of a member or autho	писы тергезепцануе от а ть	THOU	