

L18000003255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Free Amendment due to
name Being Filed in
Error

Office Use Only



600300710096

SEP 11 10 51 AM '18
BALTIMORE, MD

2018 FEB 23 PM 4:33

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Wellness LLC
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:

Kelly Messmer
Name of Person

Paradise Wellness
Firm/Company

28410 Bonita Crossings Blvd. Suite 11
Address

Bonita Springs FL 34135
City/State and Zip Code

Shearparadise4u@yahoo.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Messmer at (239) 253-4862
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

850 245 6804
ATTN: Kyle

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Paradise Wellness LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2010 FEB 23 PM 4:33
SPECIAL SERVICES
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Jan. 5th 2018 and assigned
Florida document number LI8000003255.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Paradise Wellness & Event Center 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 ADDRESS)

28410 Bonita Crossings Blvd.
Suite 11
Bonita Springs FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as Above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kelly Messmer

New Registered Office Address:

2200 Pineland Ave

Enter Florida street address

Naples FL

City

Florida

34112

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AR	Bejan Zdravkovic	209 S. Heathwood Dr.	<input type="checkbox"/> Add
		Marco Island FL 34145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly Messmer	2200 Pineland Ave	<input checked="" type="checkbox"/> Add
		Naples FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 2/21/18'

Signature of a member or authorized representative of a member

Kelly Messmer
Typed or printed name of signee