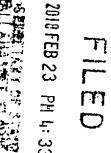
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COVER LETTER

TO:	Registration Sec Division of Corp	tion porations		
SUBJI	ECT:	Paradisc Well Name of Limite	Mess LLC ed Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are subm	sitted for filing.	
Please	return all correspon	ndence concerning this matter to	o the following:	
		helly	Name of Person	
		_ Paradia	se Wellness Firm/Company	
		_28410 Box	nita Crossings	Blud. Suitell
		Bunita Sp	rings FL 3413 City/State and Zip Code	5
		Shear pare E-mail address: (b	o be used for future animal report noti	noo.com fication)
For fo	arther information o	oncerning this matter, please ca	11 :	
	Welly Named	MESSMER of Person	at (239) 253 Area Code Daytim	- 486 2 te Telephone Number
Enclo	osed is a check for t	he following amount:		
₹ s	25.00 Filing Pee	口 \$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, c.

850 245 6804 AHW Kyle STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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faradise Wellnes	SS LIC
(Name of the Limited Liability Compan (A Florida Limited L	ty as it now appears on our records.) > \to \to iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LISCOOO33355</u> . This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Pouradise Wellness 3	Guent Conter LLC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	28410 Bonita Crossings Buld
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs FL 34/35
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 of registered agent and/or the new registered office address here	g;
Name of New Registered Agent:	relly Messmer

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

New Registered Office Address:

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> Bejan Zdrazkovic 209 S. Heathwood Dr. 11 Add Marco Island FL 34145 Decemove Change MGR Kelly Messmer 2200 Pineland Ave badd

Naples FL 34/12 | Remove ☐ Change ☐ Add ☐ Remove □ Change _□ Add □ | emove ☐ Change □ Add ☐ Remove Change _□ Add

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ffecti	ive date, if other than the date of filing:
an cit	ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocum	ent's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
me	
	2/21/18/
lated:	
)ated	
Jated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00