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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : JEAN-PIERRE & JEAN-PIERRE, LLC

Account Number : I20070000128 Phone : (561)305-5527 : (561)634-2132 Fax Number

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PARADISE CAPITAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. BRYAN

AUG 29 2008

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

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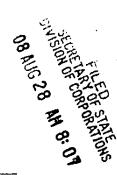
## **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT: Paradis	e Capital Group, LL	.c				
Separet.	(Name of Lim	nited Liability Company)				
	Amendment and fee(s) are subnities and see subnities and the matter	~	08 AUG 28 AM 8: 07			
	Rebecca Rieger					
		(Name of Person)				
	Paradise Capital Group, LLC					
		(Firm/Company)	• ,			
	433 Plaza Real, Suite 27					
		(Address)				
• •	Bcoa Raton, FL-93344	City/State and Zip Code)	, <del></del>			
For further information concerning this matter, please call:						
Jason DeOliveira		at ( 954 ) 254-3247				
(Name o	f Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for th	e following amount:	•				
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.Q. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Paradise Capital Group, LLC			
(Name of the Limited	Liability Compan Florida Limited L	ny as it now appears on iability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L07000119834	iability Company	were filed on 12/03/20	07 and assigned
Florida document number L07000119034	*		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
N/A			·
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		
B. If amending the registered agent and/ registered agent and/or the new registered or			ecords, enter the name of the nev
registered agent and/of the new registered o	ince autoress nere	<b>-</b>	
Name of New Registered Agent:	Jason DeOliveira		
New Registered Office Address:	433 Plaza Rea	<u></u>	
	(Enter Florida street address)		lorida street address)
	Boca Raton		, Florida <u>33432</u>
		(City)	(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 608. 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)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Karen DeOliveira		r Add p☑ Remove
<u>MGRM</u>	Steve DeOliveira		a∏ Add p2 Remove
MGR	Jason DeOliveira		ng Add n Remove
<del></del>			Add Remove
<del>.</del>			Add Remove
			SECRETA
D. If amendiz	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	TARY OF COR
			OF STATE RPORATIONS
<del></del>			<del>-</del> -
Dated August	, 2008	<del></del>	
_	Signature of a member or	authorized representative of a member	<del></del>
-	Karen DeOliveira Typed or	printed name of signee	

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Filing Fee: \$25.00