(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	• #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpo				
NAME OF CORPOR	ATION: PARADIS ER: 474236	E WORLD CO	ORP	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
!	ROBERT A OF	RTEGA		
Name of Contact Person ORTEGA AND COMPANY PA				
2307 DOUGLAS RD SUITE 302				
<u>_</u>	MIAMI, FL 331			
		City/ State and Zip Code		
<u>OR</u>	TEGAPA@BE	LLSOUTH.NE sed for future annual report		
	E man adoress. (to be at	·	·	
For further information	concerning this matter, pleas	se call:		
ROBERT A ORTEGA		_{at (} 305	₎ 441-1400	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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PARADISE WORLD CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

PARADISE WORLD CORP

its Articles of Incorporation:			
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co"	. A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address,	if applicable:	<u> </u>	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
	-		
	_		
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST	OFFICE BOX)	 	
	_		
			-
	-	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent an		in Florida, enter the n	ame of the
new registered agent and/or the new		٠.٨	
Name of New Registered Agent	ROBERT A ORTEG		
•	2307 Douglas F	Rd Suite 302	
	(Florida street a	,	-
New Registered Office Address:	Miami	Floric	_{ia} 33145
The registered office maneum.	(City)		(Zip Code)
New Registered Agent's Signature, if c		and assent the obligation	one of the position
I hereby accept the appointment as regist	terea ggent. Tam jamittar with	ana accept the obligation	ms of the position.
			_
Si	gnature of New Registered Ager	it, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VS	JORGE ROJO	2307 DOUGLAS RD
Add			SUITE 302
Remove			MIAMI, FL 33145
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

ittach <i>additional sheets, if n</i>	necessary). (Be s	nter change(s) here: pecific)		
. <u></u> .				
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	C	reclassification, or can	<u>cellation of issued sh</u>	ares,
If an amendment provides	ng the amendmen	t if not contained in th	ie amendment itself:	
If an amendment provides provisions for implementi (if not applicable, indic	ing the amendmen	t if not contained in th	<u>ie amendment itself:</u>	
provisions for implementi	ing the amendmen	<u>it if not contained in th</u>	<u>ie amendment itself:</u>	
provisions for implementi	ing the amendmen	t if not contained in the	e amendment itself:	
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provisions for implementi	ing the amendmen	t if not contained in the	e amendment itself:	
provisions for implementi	ing the amendmen	t if not contained in the	e amendment itself:	
provisions for implementi	ing the amendmen	t if not contained in the	e amendment itself:	

The date of each amendment(s) adoption: SEPTEMBER 18,	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated SEPTEMBER 18, 2014	
Signature VI James	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSE A RAMIREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person cioning)	