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DEPARTMENT OF STATE

COVER'LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Paralise f Name of Limi	Bu, klars LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Prian	Ashley Car	pbell
	Par	adisé Bullder. Firm/Company	s., -LCC
	6039	W. Teaness	ee St
	Talla	Chassee C 7 City/State and Zip Code 10 (e e g mai/. Lo to be used for fundre annual report noti	2304
	E-mail address: (1	No le C G Mail. Le to be used for fuyure annual report noti	Gication)
For further information c	oncerning this matter, please ca		
Sv.a. C	apple 1	at (850) 2.70 Area Code Daytim	4-1565 e Telephone Number
Enclosed is a check for the	ha fallowing amount:		. /
•	_	-	TT A CO CO COUNTY D
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. 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 Buildes Lid

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on ///20/2601 and a

The Articles of Organization for this Limited Liability Company were filed on Florida document number_L01000020065 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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n effect	ive date is listed, the d	late must be specifi	ic and cannot be	e prior to date of	illing or more i	han 90 days after	r filing.) Pur	suant to 605.0
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