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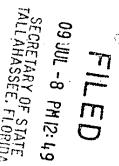
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J. BRYAN

JUL - 9 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Paradise Ent	terprises Group, LLC	7.00
		ited Liability Company	9 JUL-
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	ARY CASSER
Please return all corresp	ondence concerning this matte	r to the following:	09 JUL -8 PM 12: 49 SECRETARY OF STATE TALLAHASSEE, FLORIT
		Fred W. Mundie Jr	i i
		Name of Person	
	ĺ	Fred W Mundie Jr PA	
	·	Firm/Company	
		993 N Collier Blvd	
	<u> </u>	Address	-
	N	Marco Island FL 34145	
		City/State and Zip Code	
	E mail addraga:	fred@fmundie.com (to be used for future annual report notifi	nation
For further information	concerning this matter, please	•	sation)
Fre	d W Mundie Jr	at (239)	394-3072
	of Person	Area Code & Daytime	
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
, Regis Divisi , P.O. I	LING ADDRESS: cration Section on of Corporations Box 6327 cassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Paradise Enterprises Group, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	iability Company were filed on	April 29, 2009	and assigned
Florida document numberL0900004	1676		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company he	re:	
Par	adise Enterprise Group, LLC	;	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/	on modistand office address on		
registered agent and/or the new registered of		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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

• 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Dames.
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	sary.)
			O9 JUL
 Dated	July 4,	2009	FILED UL-8 PHI2:4
	Signature of a mer	mber or authorized representative of a member	₽# 4
	Ту	Fred W Mundie Jr ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00