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| _                       | ☐ WAIT             | <u></u>                               |
| (Bu                     | isiness Entity Nam | e)                                    |
| (Do                     | ocument Number)    | · · · · · · · · · · · · · · · · · · · |
| Certified Copies        | _ Certificates     | of Status                             |
| Special Instructions to | Filing Officer:    |                                       |
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## **COVER LETTER**

| TO:       | Registration Sec<br>Division of Corp |  |   |  |
|-----------|--------------------------------------|--|---|--|
| CUBIC     |                                      | nding Group, LLC                             |   |  |
| SUBJE     | ol:                                  | Name of Lim                                  | ited Liability Company  | <del></del>  |
| The encl  | osed Articles of A                   | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please re | eturn all correspor                  | ndence concerning this matter                | to the following:   |  |
|           |                                      | William E. Benson Jr.                        |   |  |
|           |                                      |  | Name of Person  |  |
|           |                                      |  | Firm/Company  |  |
|           |                                      | 10505 SW 108 Terrace                         |   |  |
|           |                                      |  | Address   |  |
|           |                                      | Miami, FL 33176                              |   |  |
|           |                                      |  | City/State and Zip Code   |  |
|           |                                      | paradisecbd@gmail.com                        | As he would be the second   |  |
|           |                                      |  | to be used for future annual report notifi                          | cation)  |
| For furth | ner information co                   | oncerning this matter, please ca             | all:  |  |
| William   | E. Benson Jr.                        |  | 305 321-7760  |  |
|           | Name of                              | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclosed  | d is a check for th                  | e following amount:                          |   |  |
| □ \$25.   | 00 Filing Fee                        | □ \$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, 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 Funding Group, LLC

| (A Florida Limited  | any as it now appears on our records.)<br>Liability Company)       |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L16000022841  | were filed on February 2, 2016 and assigned                        |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |
| Paradise Traders, LLC   | •  |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 10505 SW 108 Terrace   |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, FL 33176  |
|   |  |
|   | 10505 SW 108 Terrace   |
| Enter new mailing address, if applicable:   | Miami, FL 33176  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Witalit, FL 33170  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent: |  |
| Now Basistand Office Address  |  |
| New Registered Office Address:  |  |
| New Registered Office Address:  | Enter Florida street address                                       |
| New Registered Office Address:  | Florida  |
|   | , Florida<br>City Zip Code   |
| New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent  | , Florida<br>City Zip Code   |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 $AMBR = Au$ | nnager<br>thorized Member |  |                |
|----------------------|---------------------------|--|----------------|
| <u>Title</u>         | <u>Name</u>               | Address  | Type of Action |
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Filing Fee: \$25.00