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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: Welcome To PAPADISE Key WEST L Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| John Chiniski Name of Person |
| Welcome To PARADISC Key West |
| 1901 S. Rossevett Blud 308N Address |
| Key West, FL 33040 City/State and Zip Code |
| City/State and Zip Code 3 CHINIS KI YAhoo Cow E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| John Chiniski at 321, 604 6785 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |

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

TO:

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

Welcome To PARADISE Key WEST The Articles of Organization for this Limited Liability Company were filed on Ol-17-17 and assigned Florida document number L17000011754 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 "LLC" 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: S Roosevett Enter Florida street address New Registered Office Address:

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 = Manager

| AMBR = | Authorized Member | | |
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| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| Affective date, if other an effective date is listed, the listed of the date inserted locument's effective date | he date must be specific a d in this block does not | nd cannot be prior to d t meet the applicable | ate of filing or more the statutory filing requ | (optional) in 90 days after filing.) P direments, this date wi | arsuant to 605.0207 (3)(b) Il not be listed as the |
| e record specifies a The 90th day after | delayed effective the record is filed | date, but not a | n effective time, | at 12:01 a.m. on | the earlier of: |
| Dated <u>Ol-2</u> | Al | , <u>2017</u> | 1 | | |
| | Signature of | a member of authorize | d representative of a n | ember | |
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Page 3 of 3

Filing Fee: \$25.00