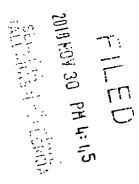
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COVER LETTER

Division of Cor			
EF PARAD	DISE HOME LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EDOARDO VALERIO FI	ERRARA	
		Name of Person	
	EF PARADISE HOME LI	LC	
		Firm/Company	
	235 LINCOLN RD STE 3	06	
		Address	
	MIAMI BEACH, FL 3313	39	
		City/State and Zip Code	
	floridadoc.immobiliare@gr	nail.com to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please c		
Sante Vincenzi		305 342-1242	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of S atus	□ \$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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned

EF PARADISE HOME LLC		·
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000265492</u> .	ny were filed on 11/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbre	eviation "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 registered agent and/or the new registered office address h	·	ic name of the nev
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FERRARA EDOARDO VALERIO	235 LINCOLN ROAD STE 306	
		MIAMI BEACH, FL 33139	Remove
			■ Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		·	П Remove
			□ Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Signature of a member or authorized representative of a member. Signature of a member or authorized representative of a member.						
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Signature of a member or authorized representative of a member	ated	<u> </u>	2018			
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Filing Fee: \$25.00