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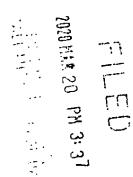
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CHE DAZZLE LLC  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:	
Chevonne Knight Name of Person	
Firm/Company	
14502 Lakewood Trace CT	
Fort Myers FL 33919 City/State and Zip Code	
Chevonne plivia 333 @ amail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chevome Knight at (516) 808-8828  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICEES OF O	NOTHING TO THE PARTY OF THE PAR
O	F E
CHE DAZZI	ny as it now appears on our records.)
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 2847.5</u>	1/20/2010
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Paradise Society 11 (	
The new name must be distinguishable and contain the words "Limited Liability"	ity 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)	14502 Lakewood Trace (T Fort Myers, FL 33919
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14502 Lakewood Trace CT. Fort Myers, FL 33919
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Office Address:	, Florida

#### 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			\ \_Add
			□ Remove
			□ Change
			\ \ \ \_Add
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			□Change

## Page 2 of 3

Effective date, if other than the date of filing:  (If an effective date, if seed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Mate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated March 16.  2020.  Signature of a member or authorized representative of a member	. II amene	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	<del></del>	
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Dated March 16.  Dated March 16.  Signature of a member or authorized representative of a member	Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	Chemina Knight
		Signature of a member or authorized representative of a member
Chevonne Knight  Typed or printed number of signee		Chevonne Knight

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Filing Fee: \$25.00