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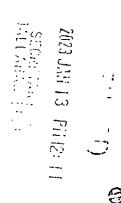
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Division of	on Section Corporations		
	DISE AUTO RENTAL LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all cor-	respondence concerning this matter	to the following:	
	Joseph Noethe		
		Name of Person	
	Paradise Ministrations		
		Firm/Company	
	2786 Neverland Dr.		
		Address	
	New Smyrna Beach, FL, 3	2168	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further informat	ion concerning this matter, please ca	all:	
Joseph Noethe		407 988-6118 at ()	
N:	ame of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing F	cee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	S60.00 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 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 OF

Paradise Auto Rental LLC

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

1014440000	were filed on 08/23/2021	and assigned	
Florida document number L21000375485			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Paradise Ministrations LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2786 Neverland Dr.		
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	New Smyrna Beach, FL 32168		
Enter new mailing address, if applicable:	2786 Neverland Dr.		
	New Smyrna Beach, FL 32168		
Name of New Registered Agent.			
New Registered Office Address:	mailing address, it applicable: Mew Smyrna Beach, FL 32168 New Smyrna Beach, FL 32168 Iding the registered agent and/or registered office address on our records, enter the name of the new registered office address here: ame of New Registered Agent: Enter Florida street address Enter Florida street address		
New Registered Office Address:		ida	
New Registered Office Address:		ida Zip Code	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	, Flor	ida Zip Code	

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>	Name	Address	Type of Action
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