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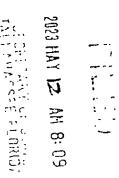
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A. RIVERS
JUL 1 4 2023

COVER LETTER

TO:	Registration Se Division of Cor			
CHIDIE	Paraiso Nov	w LLC		
SUBJE	CI; <u></u>	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Felicia Hardy		
			Name of Person	
		Paraiso Now LLC filed by	Northwest Registered Agent LLC	
			Firm/Company	
		7901 4th St. N Ste 300		
			Address	·
		St. Petersburg, Fl. 33702		
		thurst 92@amail nous	City/State and Zip Code	
		thardy83@gmail.com E-mail address: (to be used for future annual report not	(fication)
For furt	her information c	oncerning this matter, please c	all:	
Felicia	Hardy		312 366-0088 at ()	
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclose	d is a check for th	he following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	action
	Registration S	Section	Registration Se	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paraiso Now LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 02, 2023 and assigned Florida document number 1.23000217404
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Serene Retreats LLC
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 register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Florida City Code 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
			□ Add
			□Remove
			□Change
			□ Add
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fective date, if other than the in effective date is listed, the date municipies. If the date inserted in this blumment's effective date on the D	at he specific and cannot be prior ock does not meet the applic	cable statutory filing i	(optional) than 90 days after filing, equirements, this date	Pursuant to 605,0207 will not be listed as
ecord specifies a delayed effectivis filed.	e date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
acd May 08	. 2023	·		
<u>Je</u>	Signature of a member or aut	e di	a member	
	-	U		
Felicia Hardy				