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(Requestor's N	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document No	umber)
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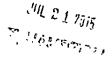


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## **COVER LETTER**

TO: Registration Se Division of Cor			
Encompass SUBJECT:	Enclosures LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeff Knapp		
		Name of Person	
	Encompass Enclosures LL	Name of Person  Firm/Company  Address	
		Firm/Company	
	8 Floyd Ct		
		Address	
	Palm Coast, FL 32137		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Jeff Knapp			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Encompass Enclosures LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	<u></u>
he Articles of Organization for this Limited Liability Company lorida document number	were filed on September 18, 2008	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		<del>ان بن ان</del>
Principal office address MUST BE A STREET ADDRESS		<u> </u>
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nter new mailing address, if applicable:		. ,,
Mailing address MAY BE A POST OFFICE BOX)		P. STATE
		<u> </u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	anier rioriau sireei aaaress	
	, Florida _	7: 6:1
	City	Zip 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>	<u>Address</u>	Type of Action
MGRM	John Pape	1812 Cherry Laurel Dr	□ Add
		Ormond Beach, FL 32174	■ Remove
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			□ Add
			Remove
		<del></del>	Change
		□ Remove	
			Change
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			☐ Remove
			☐ Change
			Add  ALL  ARECONE
			AHASSE FLORIDA
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fective date, if other than t	he date of filing:		(optic	onal)
an effective date is listed, the date note: If the date inserted in this				
cument's effective date on the				
record specifies a delay		but not an effective	time, at 12:01 a	.m. on the earlier
The 90th day after the r	ecord is filed.			
June 30	201:	5		
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hall by	a. /			GG E TI
— (144/ <sup>17</sup> )	Signature of a member	r or authorized representativ	ve of a member	5 D D
Jeff Knapp	IJ			20 PM

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Filing Fee: \$25.00