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COVER LETTER

TO:	Registration Se Division of Cor					
61 H H		e Enterprises, LLC				
SUBJECT: Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Matthew Thompson				
Name of Person						
		Matthew J. Thompson, P.A	۸.			
Firm/Company						
	1226 N. Tamiami Tr. Suite 201					
Address						
		Sarasota, FL 34236				
		City/State and Zip Code				
		accounts@mainstreetcorps.	com to be used for future annual report notif	iention		
For fur	ther information co	oncerning this matter, please c		icanony		
	hompson		941 554-4393 at ()			
Name of Person Area Code Daytime Telephone Num			Telephone Number			
Enclos	ed is a check for th	ne following amount:				
\$2.	5.00 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

E-Commerce Enterprises, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	-
The Articles of Organization for this Limited Liability	Company were filed on December 16, 2011 and	assigned
Florida document number L11000142009	<u></u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
ohn H. Ramsey, LLC		
he new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		29
	-1m	00
	istered office address on our records, enter the nam	ie Sthe ne
egistered agent and/or the new registered office ad	ldress here:	5 5
		ে স
Name of New Registered Agent:		
New Registered Office Address:		27 0
	Enter Florida street address	H W
	, Florida	
	City Zip Co	de

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, <u>enter the title, name, and address of each person_being added</u> or removed from our <u>records</u>:

MGR = Manager

AMBR = Authorized Member Title Name Address **Type of Action** _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Remove C Ege □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change

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