#_13000004698

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SLOVE HART OF STATE
ALLERIANSEE FLORIDA

K.SALY EXAMINER FEB - 1 2013

COVER LETTER

TO:

Registration Section 'Division of Corporations

S

SEE MORE ENTERPRISES 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:

	HARRY LEF	ARRY LEHRER				
	Name of Person					
	Firm/Company					
	Address					
	2201 SOUTH OCEAN DR., #1403, HOLLYWOOD, FL 33019					
	City/State and Zip Code					
	E-mail address: (t	to be used for future annual report notificat	ion)			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
CARL FISH	HER CPA	954 _, 742-090	9			
Name o	f Person	Area Code & Daytime To	elephone 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

FIL	ED
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SEE MORE ENTERPRISES 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 Com	pany were filed on JANUAF	RY 9, 2013 and assigned
Florida document number L1300004698		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
SEE MORE PROPERTIES, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	

m		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, Florida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
	the same of the sa		Add
			Remove
		4	
		-	Add
			Remove
			<u> </u>
			Add
			Remove

If amencing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
,	
d 16 JANUARY 2013	
X	
	member or authorized representative of a member
HARRY M LEHRER	
	Typed or printed name of signee

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Filing Fee: \$25.00