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SECRETARY OF STATE
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J. Smirrer JAM 1 6 7000

COVER LETTER

TO: Registration Section of Corp.		• ,	
SUBJECT:	SORR ENTI	NO ENTERPRISES ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Jamie	Bunkley Name of Person Dayers Firm/Company	
	TaxS	Firm/Company	
	1300 Ente	rprise Dr. Unit Address Hotte, FL 339 City/State and Zin Code	- A
	Port Cha	Hotte, FC 339 City/State and Zip Code	<u>53</u>
	E-mail address: (to	o be used for future annual report notifica	tion)
For further information con	ncerning this matter, please ca	H:	
Jamie Name of	Bun Kley Person	at (<u>941</u>) <u>625</u> - Area Code Daytime To	elephone Number
Enclosed is a check for the	e 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

(Name of the Limited Liability Compar (A Florida Limited L	no Enterpris ny as it now appear on our diability Company)	SES L	.LC	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	129/1	$\frac{4}{2}$ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	on "LLC" or the	e abbreviation "L.	.L.C."
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)			Un 101	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>ente</u>	r the name o	of the new
Name of New Registered Agent:				7,1 ° 5
New Registered Office Address:			ASS I	ti director. I kodustri:
	Enter Florida street	address , Florida _	PH 12 Y OF \$	1 1
	City		⊇žip Code ≥≥ 2	گې _{ونو} ي.
New Registered Agent's Signature, if changing Registered Agent:			Dm	
I hereby accept the appointment as registered agent and agre	e to act in this capacit	v. I further a	gree to compl	ly with the

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
Title	Name	Address	Type of Action
MGR	DD CONSULTING GROWF	uc 16180 ForestGlen Ct	L □ Add
		Punta Gorda, Fl 3398	22 Remove
			□ Add
			□ Remove
			🗀 Add
			□ Remove
			Add
			Remove SECRETARY Add
			Add PH I TO See 58
		>>	Add
			_□ Remove

• •	
Effective date, if other than the date on The effective date must be specific, cannot be print the date this document is filed by the Florida De	ior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida De	
Dated Sanuary 5	epartment of State) . 2015.
Dated	epartment of State)
Dated	epartment of State) . 2015.

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Filing Fee: \$25.00

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