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SECRETARY OF STATE

M. Thomas FEB 96 mass

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT:	_
	(Name of Limited Liability Company)	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Jenny Coplan (Name of Person)	
	(Name of Person)	
	Frankopa Gnerprises ((C	_
	6635 W. Commercial Blud, \$110	
	(Address)	45. Ed.
	Tamarac, Fl 33319 (City/State and Zip Code)	
	(City/State and Zip Code)	SEE P
For furt	her information concerning this matter, please call:	FILED PH 2: 05 EB 25 PH 2: 05 ED 25 PH 2: 05 ED 25 PH 2: 05
	(Name of Person) at (954) 257-7626 (Area Code & Daytime Telephone Num	Ž,
	(Name of Person) (Area Code & Daytime Telephone Nu	mber)
	•	•
Enclose	d is a check for the following amount:	
\$25.	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional 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

Tranhaga	Enterprises, LIC.		·
(Name of the Limited Lie	ability Company as it now appearida Limited Liability Company)	rs on our records.)	<u> </u>
		1 /	
The Articles of Organization for this Limited Liabi	lity Company were filed on	01/15/03	and assigned
Florida document number	<u>39 </u>		
This amendment is submitted to amend the followi	ng:		
	,		
A. If amending name, enter the new name of th	e limited liability company he	re:	
Conterprise Management Se The new name must be distinguishable and end with the	rvices Group LLC		
The new name must be distinguishable and end with the	ne words "Limited Liability Comp	eany," the designation "l	-4
"L.L.C."			
D 16		da onton	the name of the new 2:0
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on e address here:	our records, enter	the name to ane new
			P. C.
			94 3
Name of New Registered Agent:			- Pri
New Registered Office Address:			
	(Enter Florida 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 = Manager

	Sanaging Member		
<u>Title</u>	Name	Address	Type of Action
	,		-
	·		Add Remove
			— —
			_
			Add Remove
		<u> </u>	Kemove
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			DAJE A CO
_			Addition Parties
			Remove 08 FEB 25 PH 2: 05
			Madd 95 03
			Remove
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D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			_
_		William Control of the Control of th	_
			_

			_
Dated	February 22 20	08	
	7		
	- Tlarong E	Coplan	
	Signature of a member	r or authorized representative of a member	
		OPCAN or printed name of signee	
	Typed	or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00