# 103000035528

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# **COVER LETTER**

Division of Corpo			
subject: <u>385</u>	5 Enterpris	E, LLC	
	Name of Limi	ited Lability Company	_
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Lis	a Bennett	
		Name of Person	
		Firm/Company	
	139 N.	Highland Au	r.
		Addless	UAAA
	Winter 6	ou der, M. 3	4787
	Ore	City/State and Zip Code  Office And Communication Communication Communication Communication Control Co	<u></u>
For further information con	e-man address: () cerning this matter, please ca	•	incation)
1 · O	. I		
LISA B	nnett	at (321) 948 Area Code Daytim	-9396
Name of F	rson	Area Code Dayum	te Telephone Number
Enclosed is a check for the	following amount:		
. /	□ \$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

385 ENTER	PRISE, LLC.
(A Florida Lir	nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>LD3000035528</u>	• •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	SS) 2 7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	OF STATE FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	Lisa Bennett
New Registered Office Address:	139 N. High land All.  Enter Florida street address
<i>\text{Y}</i>	Vinter Garden, Florida 347817  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
AMBR	Lisa Bennett	139 N. Highland Ave. W.G. Fl. 34787	Add
		W.G. Fl. 34787	□ Remove
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	h day after the record is fil			
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Filing Fee: \$25.00