Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.

Account Number : 075350000244 Phone : (727)443-3281 Fax Number : (727)447-8830

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cward & Tichardsgilkey. com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENCHANTMENT, LLC

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Enchantment, LLC

21.

Richard Gilkey

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2015 NOV -4 AM 8: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L05000031972	pility Company were filed on March 31, 2005	and assigned
This amendment is submitted to amend the follow	ring:	•
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ile:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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 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

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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
MGR	Enchantment Menagement of Clearwater, Inc.	691 South Gulfview Blvd	Add
	•	Clearwater, FL 33767	= Remove
			Change
MGR	Enchantment Management of Clearwater II, Inc.	691 South Gulfview Blvd	⊞ Add
		Clearwater, FL 33767	
			Change
	·		
			□ Remove
			Change
			Add
		<u>.</u>	П Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			D Add
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			☐ Change
			Add
		:	☐ Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.0207 (3)(b) listed as the
if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e (b) The 90th day after the record is filed.	arlier of:
Dated OCTOBER 13 2015	
Signature the member or authorized representative of a member	-
R. CARLTON WARD	-

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