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S. YOUNG

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COVER LETTER

TO:	Registration Secti Division of Corpo				
CHD IE	cr. E.F.	N. Properti	es, LLC		
SOBJE	UI:	Name of Lim	nited Liability Company	_	
The encl	losed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please ro	eturn all corresponde	ence concerning this matter	to the following:		
		Rachel	Silber Anderson Name of Person		
			Name of Person	_	
		E.F.N.	Properties, LLC		
			Firm/Company		
		1220 N	v.W.12 Street		
		Address			
		Gaines	ville FL 32601		
		City/State and Zip Code			
	-	silberrn@aol.com			
For furth	ner information conc	t:-mail address: (t terning this matter, please ca	to be used for future annual report notification)		
	rachel Di	lber Anderso	on at (301) 938 - 9070 Area Code Daytime Telephone Numl		
	Name of Pe	erson	Area Code Daytime Telephone Numl	ber	
Enclosed	I is a check for the f	ollowing amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	Mailing Address:		Street Address:		
	Registration Sec Division of Corp		Registration Section Division of Corporations		
	P.O. Box 6327	polations.	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.F.N. Pr	roperties, LLC)MI 26
			PP ST
(Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document numberL 0 5 0000 68 4	oility Company were filed on	07/05/2005	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company hero	· ·	
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	-	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Rachel Silbe		on
New Registered Office Address:	1220 N.W. 10	2 Street	····
	Gainesville City		32601 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>	Address	Type of Action
Agent	Esther F. Negrin		
J			⊠ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		 	🗆 Remove
			□Change
			□Add
			🗆 Remove
			□Change
·		*****	□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□ Change

-	
	<u> </u>
.	
Note: If th	late, if other than the date of filing:
e record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Esttu Negun Estative of a member or authorized representative of a member
	Esther Negrin & Rachel Silber Anderson Typed or printed name of signee