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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

ACT 1 3 Zud9

EXAMINER

COVER LETTER

Division of Corp		,			
SUBJECT:	ENCHAN	TED LAND, LLC			
		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:	·		
	MICHELE B. HERLONG				
		Name of Person			
•	EN	CHANTED LAND, LLC			
		Firm/Company			
	341	6 WEST TAMBAY AVE			
		Address			
		TAMPA, FL 33611			
	Malaasi	City/State and Zip Code	min		
	E-mail address: (to be used for future annual report notificat	cion)		
For further information co	ncerning this matter, please of	all:			
MICHEL	E B. HERLONG	at () (813)	376-3887		
Name of	Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for the	e following amount:				
S25.00 Filing Fee PAYABLE T FLORIDA D	Certificate of Status O: EPT OF STATE	S55.00 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		STREET/COURIER ADDRESS: Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	NCHANTE	LAND, LLC				
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company were filed o			08/19/2005	and assigned		
Florida document numberL0500008	1947	•				
This amendment is submitted to amend the fol	lowing:					
A. If amending name, <u>enter the new name (</u>	of the limited liab	oility company her	<u>e</u> :			
(NO C	HANGE TO C	OMPANY NAM	E)			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if appli-	cable:	(NO CHANGE	≣)			
(Principal office address MUST BE A STREET ADDRES				<u></u>		
				60 ASIA		
Enter new mailing address, if applicable:		(NO CHANGE	<u> </u>	995		
(Mailing address MAY BE A POST OFFICE BOX)				7		
				POF FOR		
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	fice address on o <u>e</u> :	ur records, enter ti	he name of the hew		
			•			
Name of New Registered Agent:	(NO CHAN	GE)		-, -, -, -, -, -, -, -, -, -, -, -, -, -		
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 MGRM = Managing Member <u>Title</u> Name | Address Type of Action **MGRM** DAVID A. HERLONG DAVID A. HERLONG ✓ Add 3416 W. TAMBAY AVE Remove **TAMPA, FL 33611** □ Add ☐ Remove ☐ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DAVID A. HERLONG NOW OWNS A 49 UNITS IN THIS COMPANY. OCTOBER 6 2009 Dated_ Signature of a member or authorized representative of a member MICHELE B. HERLONG

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00