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SEGRETARY OF STATE
TALLAHASSEF FI TOBLE

B. BOSTICK

OCT 20 2014

EXAMINER

COVER LETTER

TO: Registration		· · · · · · · · · · · · · · · · · · ·	*
•	HEZ ENTERPRISE GRO	UP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jesus Falcon Sanch	ez	
		Name of Person	
	Sanchez Enterprise	Group LLC	
		Firm/Company	
	8306 Valiant Dr		
		Address	
	Naples, FL 34104		
		City/State and Zip Code	
	s.enterprisegrouplic@		
	E-mail address: (to be used for future annual report notification	
For further information	concerning this matter, please ca	all:	ACT OCT
Jesus Falcon Sai	nchez	239 6926495	All ASSET OF D
	of Person	Area Code Daytime Telep	SEGRETARY OF STATE ALLAHASSEE. FLORIB
Enclosed is a check for	_	- • • • • • • • • • • • • • • • • • • •	
\$25.00 Filing Fee	☐ \$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCHEZ ENTERPRISE GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/07/2006 and assigned Florida document number L06000087947 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	 	•	
Manager - Authorized Member			

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Sanchez, Luiz A	8306 Valiant Dr	
		Naples, FL 34104	■ Remove
VP	Candido, Alexsandro S	600 Misty Pines Cr # 105	■ Add
		Naples, FL 34105	Remove
	·		□ Add
_			Remove
			MAN TO Add
			Remove
			□ Remove

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Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flor	t be prior to date of receipt or filed date and cannot be more than 90 days after
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Page 3 of 3

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SECRETARY OF STATE TALLAHASSEE, FLORIDA