W1000027517

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SECRETARY OF STATE

2011 APR -1 AM (D) 16

T. CLINE

APR - 4 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:		Enterprises LLC			
	Name of Lim	ited Liability Company	•		
	f Amendment and fee(s) are sul	-			
		Lori Beriau			
		Name of Person			
	Ва	ndjack Enterprises LLC			
		Firm/Company			
5490 Dexter Way					
		Address	 		
	Ma	ngonia Park, FL 33407			
		City/State and Zip Code			
	lorib@	beach-environmental:com to be used for future annual report notifica	ution)		
For further information	concerning this matter, please of	·	,	2011 APR - 1 AM D 12 SECRETARY OF STATE TALLAHAS SEE, FLORIDA	enegas.
Dav	vid N Sprague	_{at (} 561 ₎ 8	41-0077	PR -	distriction of the second
Name of Person		Area Code & Daytime	Telephone Number	-\$EE.F	
					The same of
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	g Fee, of Status &	
M 4 H	INC ADDRESS.	CTREET/COURIE	n Annnecc.		

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

Bandjad (Norse of the Limited Link)	K Enterprises LLC			
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L07000027517	Company were filed on	03/09/2007	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
The	ermiCure LLC			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	ny," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)	•	7 2	
F-4			PR -	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		•		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ur records, enter	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> ☐ Add Remove □ Add ☐ Remove □Add ☐ Remove ∏Add Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 . March 29 Signature of a member or authorized representative of a member Spraque
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00