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J. SAULSBERRY EXAMINER

DEC 1 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: E. High and LL Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
John J. Erhart		
Name of Person E, Highlan & LL Firm/Company		
PoBox 1490/		
North Palm Beach FL 33408		
E-mail address: (to be used for future annual report polification)		
John J. Echart at 361, 252-680/ The Day of Person Area Code & Daytime Telephone Number Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \end{align*}		

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

Same of the same

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

En Highland LLC		
(Name of the Limited Liability Company as it now appears on our records.)		
(X Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on $08/13/200$ and assigned	
Florida document number LO 70000 8312 4.		
Troited document named = 70000 85727.	555	
	TO.	
This amendment is submitted to amend the following:	25	
A. If amending name, enter the new name of the limited liabi	ility company here:	
	₽*	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	John J. Erhart	
(Principal office address MUST BE A STREET ADDRESS)	9052 E. Highland Pives Dr.	
	Palm Beach Gardens FL 33418	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new	
	/ /	
Name of New Registered Agent: Joh.	N J. Erhart	
Nov. Bookstoned Office Address 90 57 F	= Hight Pring Pa	
New Registered Office Address: 1032 E	Enter Florida street address	
P/R	37418	
Valm De	Enter Florida street address Ach Garden Florida 334/8 City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Chy Zip Code	
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with	
the provisions of all statutes relative to the proper and comple	ete performance of my duties, and I am familiar with and	

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

Page 1 of 2,

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 Title <u>Addres</u>s Name Type of Action Pamela L. Erhart ☐ Add Remove ☐ Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00