

L 08000044381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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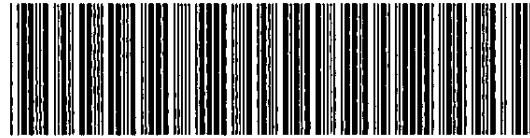
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUL 16 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 395 Enterprise LLC**  
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:

**Frank A. Buonauro Jr.**  
Name of Person  
**395 Enterprise LLC**  
Firm/Company  
**24 Pine Street**  
Address  
**Windermere, Florida 34786**  
City/State and Zip Code  
**fabmanagement@earthlink.net**  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**Frank A. Buonauro Jr.** at ( **407** ) **876-3595**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 (additional copy is enclosed)

**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**

395 Enterprise 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 5-2-2008 and assigned Florida document number L08000044381.

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)

Frank A. Buonauro Jr  
24 Pine Street  
Windermere, Florida 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Frank A. Buonauro Jr  
P. O. Box 1369  
Windermere, Florida 34786

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TALLAHASSEE, FLORIDA  
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**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: Frank A. Buonauro Jr

New Registered Office Address: 24 Pine Street

*Enter Florida street address*

Windermere, Florida 34786

*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.*

Frank A. Buonauro Jr  
*(Handwritten Signature)*  
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> | <u>Name</u>          | <u>Address</u>                                 | <u>Type of Action</u>  |
|--------------|----------------------|--|--|
| MGRM         | Frank A. Buonauro Jr | 24 Pine Street<br>Windermere, Florida 34786    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Martin Collins       | 708 Bessie Street<br>Windermere, Florida 34786 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

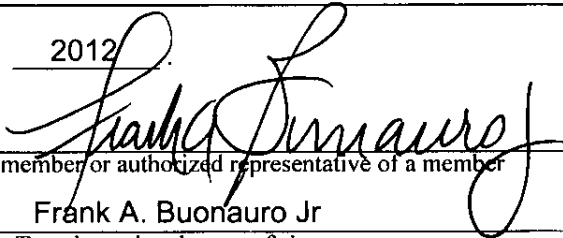
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2012 JUL 13 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated July 11, 2012



Signature of a member or authorized representative of a member

Frank A. Buonauro Jr

Typed or printed name of signee