## L08000046275

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05/27/08--01023--020 \*\*25.00

FILED

08 MAY 27 PM 1: 5

SECRETARY OF STATE

T. HAMPTON MAY 2 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: 5.7	BLAKE E	wterprise LLC ted Liability Company)			
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.			
Please return all correspondence concerning this matter to the following:					
	SHEENA	FIONA BLAKE (Name of Person)	<u> </u>		
		(Firm/Company)	<del></del>		
	4520 NW	(Address)			
		(Address)  FL 338/3 (City/State and Zip Code)	,, , , , , , , , , , , , , , , , , , ,		
For further information concerning this matter, please call:					
SHEENA	BLAKE	at (954) 258 /39 (Area Code & Daytime T	72		
(Name of I	Person)	(Area Code & Daytime T	elephone 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

he Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	oility company here:
S.F. GAGER ENT	ERPRISE LIC
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	4620 NW 13 ST.
(Principal office address MUST BE A STREET ADDRESS)	4520 NW 13 ST. LAYORRHILL FL 83313
Enter new mailing address, if applicable:	4520 NW 13 ST
(Mailing address MAY BE A POST OFFICE BOX)	4520 NW 13 ST CAUDERHILL FL 33313
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	Belmonte Blyd.
New Registered Office Address: 7624	Belmonte Blyd.

## 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)

(Enter Florida street address)

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 Address Type of Action **Title** Name SHEENA BLAKE 4520 NW 13 ST Remove Remove Add 🗂 Remove Add T Remove \_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 05/23/08 Menu Blecke
Signature of a member or authorized representative of a member SHEEND EVAKE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00