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SECRETARY OF STATE
ALLAHASSEE, FI ORIO,

D. BRUCE

AUG 0 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		HERPRISES, LLC.			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	GREGORY A. FOX, ESQ.				
	Name of Person				
	· FOX & FOX, P.A.				
Firm/Company					
	28050 US	28050 US HIGHWAY 19 N. SUITE 100			
		Address		TAS O	
	CLEARWATER, FL 33761			9 AUI ECRE LLAH	_
		City/State and Zip Code	,	IAF	-
1	foxandfoxpa@hotmail.com E-mail address: (to be used for future annual report notification)			SEE P	F.
m		·	neadon)	PR 3	
For further information c	oncerning this matter, please c	all:		3: 08 STATE LORID	
	RY A. FOX, ESQ.	at (_727)	796-4556	- DE 60 A	
Name o	f Person	Area Code & Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (e of Status &	1)

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

ABJ & M E	NTERPRISES, LL	.C	
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	11/20/08	and assigned
Florida document numberL08000107720			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			- - - -
(Principal office address MUST BE A STREET ADDRE	ESS)		09 A
			SA T
Enter new mailing address, if applicable:		,	3 P
(Mailing address MAY BE A POST OFFICE BOX)			FS S
			ATE O
B. If amending the registered agent and/or register	ered office address on o	our records, enter	the name of the new
registered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
. '	En	ter Florida street ada	lress
	City	, Florida	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 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> Address **Type of Action** MGR **BONNIE SZASZ** 1951 Brightwaters Blvd. NE St. Petersburg, FL 33704 Remove ☐ Add Remove ☐ Remove \Box Add Remove □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

Page 2 of 2

Jryped or printed name of signec

Filing Fee: \$25.00