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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Dial	AROSENPB.	ted Liability Company	·	
	- 1			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Name of Person		
	Dial A	Rose USA, LL		
	1837	7 Pleasant Dr	rive	TA PAGE
	North Pa	Im Beach, F	Horida, 331	\$0\$
	E-mail address: (t	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)	FELTIONIDE S PH 5: 09
For further information con	ncerning this matter, please ca	all:		· · · · · · · · · · · · · · · · · · ·
_ Cina	Cerise	at (50) 776	-8630	- Spring
Name of I	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 enclose	

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

Dial A Rose	ENPB, LLC	
(Name of the Limited Liability (A Florida	Company as it now appears on our recording the Company of Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Co	empany were filed on 12/11	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S SE
(Principal office address MUST BE A STREET ADDRI	ESS)	P 26
	 	The state of the s
		PH 5:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registored agent and/or the new registered office address.		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Torida
	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 605, 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 A or removed fr	Authorized Person(s) authorized to ma om our records:	nage, <u>enter the title, name, and address of eac</u>	h person being added
MGR = · Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: Effective date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 60: ry filing requirements, this date will not be list
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earli
d 092116	September 21, 20
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Filing Fee: \$25.00