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COVER LETTER

SUBJECT: Pau	lette Webe	V RO, CD/	N. LLC
t	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pan(ette	Klostre,	ch
	···	Firm/Company	
	6301 5	W Bald Eng	10 Drive
	Palm City	3 FL 3 City/State and Zip Code	1990
	Panlette C E-mail address: (1	Enlightenez to be used for future annual report notifi	cation) Com
For further information e	oncerning this matter, please ea	all:	
Paule He Name of	Paulette Weber RD, CD/N, LLC Name of Limited Liability Company Articles of Amendment and feets) are submitted for filing. all correspondence concerning this matter to the following: Paulette Klost re, Ch Name of Person Firm Company G301 SW Bald Engle Delection Address Paulette Cenlight energy Street Communication Firm Company G301 SW Bald Engle Delection Address Paulette Cenlight energy Street Communication Firm Company G301 SW Bald Engle Delection Address Paulette Cenlight energy Street Communication Firm Company Address Paulette Cenlight energy Street Communication Firm Company Address Paulette Cenlight energy Street Communication Firm Company G301 SW Bald Engle Delection Address Paulette Cenlight energy Street Communication Firm Company G401 SW Bald Engle Delection Address Paulette Cenlight energy Street Communication Firm Company G402 STREET Communication Firm Company Firm Company Firm Company Address Paulette Cenlight energy Street Communication Firm Company Firm Company Address Paulette Cenlight energy Street Communication Firm Company Firm C		
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17 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paulette Weber			
(Name of the Limited	Liability Company as it no	w appears on our records.) impany)	<u></u>
IA	riorida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liabi	ility Company were file	d on <u>5/18/2</u>	and assigned
Florida document number L090000	77793		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability com	pany here:	
Enlightened RD	110		
Enlightened No	1 6		
The new name must be distinguishable and contain the word	s "Limited Liability Compar	iy," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address if applicable	0.		
Enter new principal offices address, if applicable	<u></u>	· · ·	(-5)
(Principal office address MUST BE A STREET A	<u> </u>		. 3
same addre	< r		•
Same and E	2> —		•
Enter new mailing address, if applicable:	<u></u>		
AACT IJ AAV DE A DOET OFFICE DO			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		[<u></u>
B. If amending the registered agent and/or regi	stered office address o	n our records, enter the na	ame of the new registered
agent and/or the new registered office address h		<u> </u>	
agent and or me to be agent and agent and agent			
	Parlella	VI -	0
Name of New Registered Agent:	anithe	LLOSTYC	<u>ch</u>
 		~ ~ P	6 1. 7
New Registered Office Address:	130L S	n Bald	Zague Uni
(64 0)		Klostre N Bald Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
(54 me)	Palm Ci	, Florida	r 37990

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.

City J

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member	Nº O	hargeir	
Title	<u>Name</u>		Address	Type of Action
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				□Remove
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ective date if oth	er than the date o	f filing:	03/	09/	200	· 5 (ont	ional)		
effective date is lister	d, the date must be spec	ific and cam	iot be prior to	late of filing or m	iore than 90) days afte	er filing.) I	ursuant	to 605.02
	ted in this block doc late on the Departme			e statutory tilin	ig requirer	nents, in	is date w	III noi p	e usted
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