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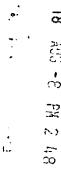
(Requestor's Name)	
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PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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AUG 1 1 2016 S. PRATHER

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		E HOLDINGS, LLC		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		James F. Tenney		
			Name of Person	
		J.F. Tenney Law, LLC		
			Firm/Company	
		400 Galleria Parkway	Suite 1500	
			Address	
		Atlanta, GA 30339		
			City/State and Zip Code	<u> </u>
		jim@jtenney.com		
			o be used for future annual report	notification)
For further in	nformation co	ncerning this matter, please ca	ll:	
James F. T	enney		404 964-772	4
	Name of	Person		rtime Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55:00 Filling: Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

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any as it now appears on our records.) Liability Company)	-17 5.6
y were filed on April 28, 2010	and assigned
bility company here:	
ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
441 East Monbo Road	
Statesville, NC 28677	-
P.O. Box 4240 Mooresville, NC 28117	
office address on our records, <u>enter</u> re:	the name of the
Entry Florida strutt addi	
Enter v torida street address	
, Florida	Zip Code
	P.O. Box 4240 Mooresville, NC 28117 Office address on our records, enterre:

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rhonda Jones	P.O. Box 4240, Mooresville, NC	■ Add
			☐ Remove
			☐ Change
MGR	Larry D. Jones	P.O. Box 4240, Mooresville, NC	
			■ Remove
			☐ Change
			
			Remove
			Change
			D Add
			Remove
			Remove
			Change
			Add
			Remove
			☐ Change

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	James F. Tennéy		1

Filing Fee: \$25.00

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