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COVER LETTER

TO: **Registration Section Division of Corporations** COURTNEY VIOLETTE ENTERPRISES, LLC SUBJECT: __ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TINA SMITH, ESQ. Name of Person MERIDETH NAGEL, P.A. Firm/Company 1201 W. HWY 50 Address CLERMONT, FL 34711 City/State and Zip Code VIOLETTE.COURTNEY@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tina Smith Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

35/

	D22 +				
COURTNEY VIOLETTE ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records)					
(<u>Name of the Limited Liabilit</u> (A Florida	the Company as it now appears on our records.) The Company as it now appears on our records.) The Company were filed on 8/12/2010 The Company were filed on 8/12/2010 The Company were filed on 8/12/2010				
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/12/2010 and assigned				
Florida document number	TIL WOA				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	(ESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	I office address on our records, <u>enter the name of the new registered</u>				
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:	Enter Florida street address				
	, Florida				
	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 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>	Name	Address	Type of Action
AMBR	COURTNEY S. VIOLETTE	6000 COOK ROAD	□Add
		CLERMONT, FL34711	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
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n effective date, if other than the date of filing:	applicable statute				
ecord specifies a delayed effective date, but not an effective date, but not an effective date.	ctive time, at 12:0	H a.m. on the earlie	r of: (b) The 90	ìth day after '	the
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Typed or printed name of signee