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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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DIVISION OF CONFIGNATIONS

F. HAMPTON
DEC 27 2010
EXAMINER

Co:

COVER LETTER

Registration Section ." ? Division of Corporations

SUBJECT:	~~	Enterprises, LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Name of Person					
		Firm/Company				
7959 Little Lane						
Address						
Boca Raton, FL 33433						
City/State and Zip Code						
Knightacr@juno.com E-mail address: (to be used for future annual report notification)						
For further information as	oncerning this matter, please c	,	meation)			
·	oncerning inis matter, ptease c	an:				
	chie Knight	at (561)	750-0570			
Name of Person Area Code & Daytime Telephone Numb			ne Telephone Number			
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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 SECRETARY OF STATE OF ORFERENCES. ينون

			10 DEC 23 P	H 12: 2 T	
Mi	legully Ente	erprises, 🗪 🗸	<u>- C</u>		
(<u>Name of the Limited</u>) (A	Liability Compai Florida Limited L	erprises, L L ny as it now appears on liability Company)	<u>our records.</u>)		
The Articles of Organization for this Limited Lia	bility Company	were filed on Nove	ember 9, 2010	and assigned	
Florida document number L10000116	818				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the <u>limited liab</u> i	ility company here:			
Mi	ile Gully Ente	rprises, les. LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company,"	the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:	7959 Little Lane			
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33433			
Enter new mailing address, if applicable:		7959 Little Lane			
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33433			
					
B. If amending the registered agent and/or	registered off	ice address on our r	ecords, enter t	he name of the new	
registered agent and/or the new registered offi			·		
Name of New Registered Agent:	Archie Knigh	nt			
New Registered Office Address:	7959 Little L	ane			
Negistered Office Pragress.			orida street addi	ress	
	Bo	oca Raton	, Florida	33433	
		City	, r <i>i</i> oriua	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 Changing Registered Agent, Signature of New Registered Agent

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:

in /

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Merrith Knight	7959 Little Lane Boca Raton, FL 33433	
			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY SHORE OF SECRETARY
 Dated	December 20	2010	OF STATE OF STATENS PM 12: 21
-		nember or authorized representative of a member Archie Knight, MGRM Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00