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COVER LETTER

то:	Registration Sec Division of Corp			•>				
		ESTMENT PROPERTY ENT	ERPRISE LLC					
Name of Limited Liability Company								
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspor	ndence concerning this matter	to the following:					
		Suzanne El-Ghazzaowi						
	Name of Person M & S INVESTMENT PROPERTY ENTERPRISE LLC							
Firm/Company 3706 Country Club Rd S.								
Address Winter Haaven, Florida 33881								
City/State and Zip Code suzannegazz@aol.com E-mail address: (to be used for future annual report notification)								
	cation)							
For fu	rther information co	oncerning this matter, please co	all:					
Suzan	ne El-Ghazzaowi		863 289-2599 at ()					
	Name of	Person		Telephone Number				
Enclos	sed is a check for th	e following amount:						
∴ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ 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 OF

M & S INVESTMENT PROPERTY ENTERPRISE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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lity Company were filed on 03/16/2011	and assigned
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e limited liability company here:	
s "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
e:	
ADDRESS)	
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registered office address on our recor	ds, enter the wame of the new
e address here:	The State of the S
	58
Enter Florida street addr	ress
	Florida
•	Zip Code
	
gent and agree to act in this capacity. I j and complete performance of my duties, o red agent as provided for in Chapter 605 istered office address, I hereby confirm t ange.	and I am familiar with and 5. F.S. Or, if this document is
	registered office address on our recore address here: Enter Florida street address on City stered Agent: gent and agree to act in this capacity. I find complete performance of my duties, sed agent as provided for in Chapter 605 stered office address. I hereby confirm the confirmation of the confirmatio

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>	<u>Address</u>	Type of Action
MGR	Suzanne El-Ghazzaowi	3315 HWY 17-92 W HAINES CITY, FL 33844	
			Remove
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n effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable sta	of filing or more than 90 days after filing.) Pursua tutory filing requirements, this date will no	int to 605,0207 of the listed as t
record specifies a delayed The 90th day after the reco	effective date, but not an e ord is filed.	ffective time, at 12:01 a.m. on the	e earlier of
September, 12	2019 -		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00