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EXAMINER

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COVER LETTER

TO: Registration Section , Division of Corporations	
	JTERPRISES, OF NAPles L.L.
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
<u>Sc</u>	OTT WHIDDON Name of Person
5JWE	NTERPRISES, OF Naples, L.L.C
284	O 2ND AVE S.E.
E-mail add	City/State and Zip Code SJW-Cnterprises SWEATERISES Tess: (to be used for future annual report notification) Com
SCOTT WHIDDO Name of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Sta	tus Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) (b. \$60.00 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

OJW ENIERF	MISES OF Naples, L.L.					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Compar Florida document number <u>LIIOOO5</u> 9	834					
This amendment is submitted to amend the following:	shility company here:					
A. If amending name, enter the new name of the limited liability company here:						
·						
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	2840 2N AVE SE Naples, FL 34117					
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34117					
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)	Same					
TANKEN CONTROL OF THE SECOND S	<u> </u>					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:					
Name of New Registered Agent:	TT J. WHIDDON					
New Registered Office Address: 284	O QNA AVE SE Enter Florida street address					
Napl	City, Florida 3417 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	· Manager I = Managing Membe	r		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				AddRemove
				Remove
				Add Remove
				Ardd Remove
	_			Action Remove
				Add Remove
D. If an	nending any other inf	ormation, enter change	e(s) here: (Attach additional sheets, if r	necessary.)
		- The State State State Control		
		• • • • • • • • • • • • • • • • • • • •		
Dated	3-20	<u>/</u> , <u>201</u>	13. NN	
		Signature of a member of	or authorized representative of a member	
			T WHIDDON or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00