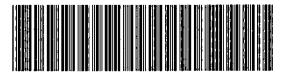
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SECRETARY OF STATE

D. BRUCE

AUG 0 3 2011

EXAMINER

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Enclave Investments UC 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:
James Bagley Name of Person
Encore Enclave Investments UC
1951 NW 19th St Boca Baton FL 33431
Boca Raton FL 33431 City/State and Zip Code City/State and Zip Code TARRY TO THE SECOND TO THE SE
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Bagley 1407, 4468250. \$7 8
Name of Person Area Code & Daytime Telephone Number
Efficiosed is a check for the following amount: \$25.00 Filing Fee \$\text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{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

ENCORE ENCLAVI	E INVESTMENT	s, LIC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our red d Liability Company)	córds.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L [10000 75600</u>]	ny were filed on $6[29]$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Ar.
(Principal office address MUST BE A STREET ADDRESS)		AND AND
		TAI AS
	•	SEC P III
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TAILE ORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	Enter Florida street address	
-	, F	lorida Zip Code
	₹	A

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** James Bagley 1061 NASH DRIVE Add] Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00