~ L11000 116338

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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special lastructions to Filips Officer					
Special Instructions to Filing Officer:					

A. LUNT

DEC -7 2011

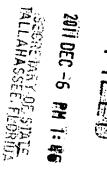
EXAMINER

Office Use Only



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November 29, 2011

LILIA VALVERDE 5598 WHISPERING WILLOW WAY FORT MYERS, FL 33908

SUBJECT: I & E OF FLORIDA ENTERPRISES LLC

Ref. Number: L11000116338

We have received your document for I & E OF FLORIDA ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 311A00026738

COVER LETTER

TO:

TO:	Registration Secondinates Division of Corp		• •	, ,		
SUBJE	CCT:	I & E OF FLORIDA ENTERPRISES LLC				
		Name of Lim				
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please 1	return all correspon	dence concerning this matte	r to the following:			
			LILIA VALVERDE		_	
			Name of Person			
I & E OF FLORIDA ENTERPRISES LLC			SLLC	_		
			Firm/Company			
		5598 W	HISPERING WILLOW V	VAY	_	
			Address		20/1	
		FOF	RT MYERS FL 33908 US	3	DEC	****
City/State and Zip Code					855¥ ₹3¥4 9-3	
		E-mail address: (erdeasociados@live.com to be used for future annual report r	notification)		
For fur	ther information cor	ncerning this matter, please	call:		STATE BORDE	of the same
	LILIA	VALVERDE .	at (_239_)	321 4731		
	Name of I	Person	Area Code & Day	ytime Telephone Numbo	er er	
Enclose	ed is a check for the	following amount:				
₹ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &	sed)
	Registrat	NG ADDRESS: ion Section of Corporations 6327	STREET/COU Registration Se Division of Cou Clifton Buildin	rporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

1 & E OF FLORIDA	<u>A ENTERPRISE</u>	SLLC	<u> </u>			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability Comp	pany were filed on	10/11/2011	and assigned	i		
Florida document number L11000116338						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company here	2:				
N/A	•					
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compar	ny," the designation "L	LC" or the abbrev	/iatio		
Enter new principal offices address, if applicable:	NA					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
				-		
Enter new mailing address, if applicable:	N/A	ASSEC FE	ARY C			
(Mailing address MAY BE A POST OFFICE BOX)			T 2			
		Ž.				
		A. S.	(27)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter t</u>	he name of the	nev		
Name of New Registered Agent:	NA					
-	VIA					
New Registered Office Address:	Ente	N A Enter Florida street address				
		, Florida				
	City	, 1 1011000	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title <u>Name</u> **Address** MGR VALVERDE, ISABELLA 5598 WHISPERING WILLOW WAY ☐ Add Remove FORT MYERS FL 33908 US SECRE VALVERDE, EMILY 5598 WHISPERING WILLOW WAY ☐ Add Remove FORT MYERS FL 33908 US ☐ Add Remove Add Remove ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE REMOVE THE 2 AGENTS MANAGER AND SECRETARY. **THANKS NOVEMBER 11** 2011 Dated _

LILIA VALVERDE

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00