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TALL ANASSEF FLORIDA

B. BOSTICK
MAR 1 9 2012

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## **COVER LETTER**

Division of Corporations	
SUBJECT: EWH Enterprises L. L.C., 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:	
Elaine W, Holmes	
Firm/Company	
4118 TYNDALE DR. Address	
BRANDON, FL. 33511  City/State and Zip Code  elaine, holmes a hotmail. com	
BRANDON, FL. 33511  City/State and Zip Code  elaine, holmes a hot mail. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	-
For further information concerning this matter, please call:	う
Elaine W. Holmes at 813, 270-4246  Name of Person  Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ C	

### MAILING ADDRESS:

TO:

Registration Section

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

4118 Tyrdale Dr. Brandon, FL.33511 Division of Corporations! 10/2012 My L.L.C. did not show me as the manager. Would you please correct this. I originally faid for a certified copy. I want to open a bank acct. & start the business but need to be listed as Manager. Shank you for your help, Elaine W. Holman 7 P.S. Can you send me configuration. I appreciate your help.

My IRS # is 45-4466800 for EMH Enterprises, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EWH Ente	erprises, L.L	C,			
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe ida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on	Jan. 20, 2012	and assigned		
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company he	<u>ere</u> :			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		Ā	s =		
(Principal office address MUST BE A STREET AL	ODRESS)		2 - 1		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2	) (	RIGGE STATE STATE OR BOA		
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter t	he name of the nev		
Name of New Registered Agent:					
New Registered Office Address:		P P			
	Enter Florida street address				
	City	, Florida	Zip Code		
	~ <i>y</i>		2.p 0000		

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:

MGRM = Man	ager anaging Member		l	
<u>Title</u>	<u>Name</u>	Address	Tyndale	Type of Action
MGR	ELAINE W. HOLMES	4/18 Tynda Brandon	le Dr. FL: 33511	Add Remove
				Add Remove
				Add Remove
				Add Remove
<del></del>				Add Remove
				Add Remove
D. If amendi ——	ng any other information, enter change(	s) here: (Attach addition	nal sheets, if necessary.)	
			ASSEE.	#
Dated	March 5 201	Pinas	LORIDA	MIII: 59
-	Flaine W. Holmes	r authorized representative  Sprinted name of signee	of a member	

Page 2 of 2

Filing Fee: \$25.00