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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor	ction : • • • porations		
SUBJECT:	Enstone Holdi Name of Lin	ngs, LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Roge	r Farwell Name of Person	
	<u> </u>	Name of Person	
	Ensto	ne Group Firm/Company	
			1
	477 Com	merce Way, Su	ite 103
		/ West Coo	
	roger. farwell E-mail address: (J, FL 32750 City/State and Zip Code enstonegroup. Contobe used for future annual report notific	cation)
For further information co	oncerning this matter, please c		
Roger Far	well	at (407) 226 ~ Area Code Daytime	9600
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional conv 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

Enstone Holdin	as.LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	odpany as it now appears on our records.) nited Liability Company)	·
The Articles of Organization for this Limited Liability Comproved Accument number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
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 "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ne name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address . Florida	
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent peing filed to merely reflect a change in the registered of	agree to act in this capacity. I further agre lete performance of my duties, and I am fa as provided for in Chapter 605, F.S. Or, if	nilliar with and the this document is
company has been notified in writing of this change.		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Enstone Management, LC	P.O. BOX 2120	
		Windermere, FL 34786	Remove
MGR	Roger Farwell	P.O. Box 521666	
		LONGWOOD, Fl 32752-1	b66 Remove
			Add
			□ Remove
			☐ Remove
		. ነ	Add-
		OROA	□ Add-
 			Add
			_□ Remove

ective date, if other than the date of filing:	
d June 10 , 2014	
d June 10 , 2014	
ed	
ed June 10 2014	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after
2/	
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Page 3 of 3

Filing Fee: \$25.00

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