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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co					
Prachai	Enterprises, LLC				
SUBJECT:		ited Liability Company			
	f Amendment and fee(s) are sub condence concerning this matter				
	Paul M Prachar				
		Name of Person			
	Prachar Enterprises	, LLC			
		Firm/Company			
	11882 Granite Wood	ds Loop			
		Address			
	Venice, FL 34292			. 2	
		City/State and Zip Code		2014 NOV	-
	prachars6@yahoo.co		-	2 5	-
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)	-3 PP	
Paul Prachar		319 360-6692		PH 2:	-
Name	of Person	Area Code Daytime	Telephone Number	——————————————————————————————————————	
Enclosed 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 enclosed)	Certified (of Status &	
	LING ADDRESS	CTDEET/COUDIN	ED ANNBESS.		

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

Prachar Enterprises, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our r i Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number L12000019427	Company were filed on 2-9-2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		···
(Principal office address MUST BE A STREET ADDI	RESS)	22 23 E
		# C
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	w _ω ω l
(Mailing address MAY BE A POST OFFICE BOX)		
		27
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		cords, enter the name of the ne
registered agent and/or the new registered office add	iess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
	City	, Florida
	City	гір Соае

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Timothy M Quade	616 Golf Drive #5	
		Venice, FL 34285	■ Remove
			□ Remove
			□ Add
			Remove
			A A A A A A A A A A A A A A A A A A A
			MANO ME 3 PH 2: 24
		 	Remove
			Add
			☐ Remove

Paul M Prachar 100)%
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ne effective date must be specific, c	the date of filing: (options cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, c	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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e effective date must be specific, content the date this document is filed by the October 30	cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)
ne effective date must be specific, come date this document is filed by the October 30	cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State) 2014
ne effective date must be specific, c the date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State) 2014 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

