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(Document Number)					
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DIVISION OF CORPORATIONS

APR 1 9 2013 T. HAMPTON

COVER LETTER

Division of Corporations								
SUBJECT: Enter Prising LLC 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:								
Tennifer WanderLind Name of Person								
Firm/Company								
2709 SW Ann Albor Rd								
Rort St. Lucie FL 34953 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Tenrifer Vanderlind at (561) 420-9821 Name of Person Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee Certificate of Status Cert								

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enternationally

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records. lia Limited Liability Company))
The Articles of Organization for this Limited Liability	y Company were filed on Oct 13,20	and assigned
Florida document number L17000034		. 0
This amendment is submitted to amend the following	:	SECRETARY VISION OF CO
A. If amending name, enter the new name of the l	imited liability company here:	T AHI
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reqregistered agent and/or the new registered office a		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	taddross
-	, Florid	aZin 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 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 **Title Address Type of Action** Name Christopher R. Smart 2709 SW Am Arbor Rd Add mGB Remove Remove Add Remove ATO Remove Remove Add Remove

D.	If am	ending any other informa	tion, enter change(s) here:	(Attach additional sheets, if necessary.)
	•	•		
		-		
Dat	ed	April 1	5, 2013	
		$\langle Q \rangle$	KHC	
		Sig	\sim	red representative of a member
			Je mm, 7es Typed or printed	name of signee
			* i i	

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATIONS