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COVER LETTER

	anklin Hi	11 Enterprises LLC.		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Joseph Karish		
			Name of Person	
			Firm/Company	
		1070 Archway Dr.		78 7 AH
			Address	2015 NOV 1-6 SECRE DARY AULLAHASSE
		Spring Hill, Fl 34608		DAR I ASS
		jhkarish@live.com	City/State and Zip Code	
For further info	rmation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
Joseph Karish			352 277-6609	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a ch	neck for th	ne following amount:		
■ \$25.00 Filir	ng 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 copy 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

Franklin Hill Enterprises LLC.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000110678</u> .	were filed on 8/27/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Joseph Karish LLC.	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	7A.C. C.
Mailing address MAY BE A POST OFFICE BOX)	
	(n)
	E G
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, enter the name of the n
SERVICE OF THE HEAVY TO SERVICE OF THE HEAVY TO SERVICE OF THE SER	e: ORIGINAL SI
Name of New Registered Agent:	>
Traine of two Registered rigen.	
New Registered Office Address:	Enter Florida street address
	Enter Florida Street address
	, Florida
	City 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member ·

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kateri Karish	1070 Archway Dr.	Add
		Spring Hill, Fl 34608	■ Remove
			Change
			Add
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			☐ Change
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Effective date, if other than the	date of filin	1/1/20	16			(antion	al)	
f an effective date is listed, the date must	t be specific an	id cannot be	prior to date	of filing or	more than 90	days after fil	ing.) Pur	
Note: If the date inserted in this blo document's effective date on the De				tatutory fili	ng requirem	ents, this d	ate will	not be listed
ne record specifies a delayed The 90th day after the reco			t not an	effective	time, at :	12:01 a.r	m. on t	the earlier
November 9		2015						
Dated			*					
J. A			`					
	Signature of a	m emb er or	authorized	representativ	e of a member	er		
Joseph Karish								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00