## #1/300003/442

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500245249565

03/04/13--01011--005 \*\*25.00



K.SALY EXAMINER MAR 6 - 2013

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: iEnjoy	/ LLC		
4	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Wendy Noll		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	iEnjoy LLC		
		Firm/Company	
	214 Poinciar	na Lane	
		Address	<del></del>
	Largo, Florid	la 33770	
		City/State and Zip Code	
	wendyn0ll@aol.c		<u> </u>
	E-mail address: (t	o be used for future annual report noti	dication)
For further information co	ncerning this matter, please c	all:	
Wendy Noll		818 <sub>568-08</sub>	340
Name of	Person	Area Code & Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

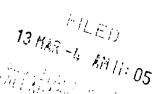
Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



iEnjoy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ad Emmed Entermy Company)	TYTOA
The Articles of Organization for this Limited Liability Florida document number L13000031442	ty Company were filed on March 1, 2013	and assigned
	<del></del> ·	
This amendment is submitted to amend the following	5.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
_	, Florid	
	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 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 ameading 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	<u>Name</u>	Address	Type of Action
MGRM	Michael Noll LLC	411 Cleveland St #268	Add
		Clearwater, FI 33755	Remove
MGRM	Michael Noll	411 Cleveland St #268	
		Clearwater, FI 33755	Remove
MGRM	Lindsey Noll LLC	214 Poinciana Lane	Add
		Largo, FI 33755	Remove
MGRM	Lindsey Noll	214 Poinciana Lane	Add
		Largo, FI 33755	Remove
MGRM	Linda Graffam LLC	411 Cleveland St #268	Add
		Clearwater, FI 33755	Remove
Mgrm	Linda Graffam	411 Cleveland St. #268	Add
		Clearwater, Fl 33755	Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Dated _	<u>3-1, 2013</u> .
	Signature of a nuember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00