L13000114818

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T. HAMPTON

COVER LETTER

	Registration Sec Division of Corp			
eun ice	F4 Enterp	rises, LLC		
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclose	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retu	urn all correspon	dence concerning this matter	to the following:	
		Kathleen L. Crotty		
			Name of Person	
		Crotty & Bartlett, P.A	٨.	
		_	Firm/Company	
		1540 Cornerstone B	lvd. Suite 230	
			Address	
		Daytona Beach, FL	32117	
			City/State and Zip Code	
		kcrotty@cbklegal.cor		
For furthe	r information cor	E-mail address: (i neerning this matter, please ca	to be used for future annual report notifica all:	ation)
Kathlee	n L. Crotty		386 274-6395	
	Name of I	Person	Area Code Daytime T	elephone Number
Enclosed i	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)	\$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

F4 ENTERPRISES, LLC		
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit Florida document number 43000114818 LI	y Company were filed on August 3 000114818	14, 2013 and assigned
This amendment is submitted to amend the following	; ;	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designa	tion "LLC" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		Di G
(Principal office address MUST BE A STREET AD	DRESS)	55
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1:21 FF. FLORIDA
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:		
		Florido
	City	, Florida 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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George Baccash	10641 Blue Palm Street	Add
		Plantation, FL 33324	Remove
MGR	Leslie Baccash	10641 Blue Palm Street	Add
		Plantation, FL 33324	Remove
			□ Add
			□ Remove
			TS FEB Add P
			Programove 10 Remove 10 RIDA
	 		D Add
			□ Remove
			□ Add
			□ Remove

t Enterprises, Inc.	
prior to date of receipt or filed date and cannot be more that	(optional) n 90 days after
2015	
ŗ	of filing: prior to date of receipt or filed date and cannot be more that Department of State) 2015

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Filing Fee: \$25.00