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SEGKETARY OF STATE
TALL AHASSEE, FLORIDA

SEP - 9 2013

T. Haraman

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Entropio 13 Entropic LC. 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:
Stephonie Williams Name of Person
Firm/Company
12760 Benker Drue Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephonie William at (186 541-419) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVASION1	13 ENTERPRISE LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	26/13 and assigned
This amendment is submitted to amend the following:		-6 N
A. If amending name, enter the new name of the lin	nited liability company here:	E ST
		RE 5
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MG</u> R	Stephonic William	o 19750 Bunker Drive	Add
		m:am; FL 33167	Remove
			. .
			Add
			Remove
			_
			Add
			Remove
		ALAHA	Add SEP T
			SEP - Remove Note: The state of State
		LORIUA	S Add Add
			_ Remove
			_ Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	~ loui
ited	04/04, $90/5$.
	AST 7000
	Signature of a member or authorized representative of a member
	Stephonie Williams
	Typed or printed name of signee
	Page 2 of 2

Page 3 of 3

Filing Fee: \$25.00

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