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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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K. SALY EXAMINER SEP 2 8 2015

COVER LETTER

	Registration Sec Division of Corp			
CHO IEC		NTERPRISES, LLC		
SUBJEC	JI:	Name of Limi	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		MICHAEL J. BARBER,ES	SQ.	
			Name of Person	
		MICHAEL J. BARBER P.	A.	
			Firm/Company	
		808 N. MAIN ST.		
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		mjb957@embarqmail.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
МІСНА	EL J. BARBER,	ESQ.	407 933-8212 at ()	
	Name of	Person	Area Code Daytime	e 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 (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

ZOIS SEP 24 PM 1: 35
ALLAHASSEE, FLORIDA

SECRET ENTERPRISES LLC

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

The Articles of Organization for this Limited Lia	ability Company were	filed on June 30, 2014	and assigned
Florida document number L14000104384	 ·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability o	company here:	
The new name must be distinguishable and contain the wo	ords 'Limited Liability Co	mpany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/or the new registered off		address on our reco	ords, enter the name of the new
Name of New Registered Agent:	James Callahan		
New Registered Office Address:	2145 E. Irlo Bronson	Memorial Hwy Enter Florida street aa	11
	Vincimus		
	Kissimmee	City	, Florida ³⁴⁷⁴⁴ 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

MGR = Manager AMBR = Authorized Member		Address Address				
<u>Title</u>	<u>Name</u>	Address SECIE	PM 1. Type of Action			
MGR	RAYMOND W. THOMPKINS	ALLAH	ASSEE, FLORIDA Add			
			□ Remove			
		2145 E. Irlo Memorial Hwy.,Kissin	■ Change			
MGR	James Callahan	2145 E. Memorial Hwy., Kissimme				
			□ Remove			
			☐ Change			
MGR	Joseph H. Kirk III	2145 E. Memorial Hwy., Kissimme				
			□ Remove			
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Effective d	ate, if other than the da	te of filing:				(optional)	
lf an effective	date is listed, the date must be	specific and ca	annot be prior to	date of filing or i	nore than 90 da	ys after filing.) Pr	rsuant to 605.0207
	e date inserted in this block effective date on the Depa			ole statutory fili	ng requireme	nts, this date wi	il not be listed as t
document 5	officerite date of the Depar		ic s receius.				
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