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(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ANALYSIST FLORIDA

1 Shivers OCT 2 2 2014

COVER LETTER

TO: Registration Section Division of Corpora		,	•
SUBJECT: ENHAN	CFD MOVEM	ENT LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
_	JEFF RI	Name of Person	
		Name of Person	
	ENHANC	CED MOVEMENT L	-LE
		Firm/Company	
,	881 79th Stree	+ Cawy. # 1103 , #	
_		Address	
	NORTH BAY	VILLAGE, FL	33141
_		City/State and Zip Code	
_	ENHANCED. MOVEM	De used for future annual report notific	
	·	•	cation)
For further information concer	ning this matter, please cal	11:	
JEFF RICHA	RDS	at (786) 859 - Area Code Daytime	2354
Name of Fers	м	Area Code Daytine	reteptione Number
Enclosed is a check for the fol	lowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ENHANCED M (Name of the Limited	OVEMENT Liability Company as i Florida Limited Liability	LLC t now appears on our recor	rds.)			
The Articles of Organization for this Limited Liab	oility Company were	, 1		aı	nd assi	gned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liability c	ompany here:				
The new name must be distinguishable and end with the wo	ords "Limited Liability Co	ompany," the designation "L	LC" or th	ie abbrevia	ıtion "L	.L.C."
Enter new principal offices address, if applicat	ole:					
(Principal office address MUST BE A STREET						
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B						
B. If amending the registered agent and/or	registered office a	address on our record	ds, <u>ent</u>	er the n	ame (of the new
registered agent and/or the new registered office	ce address here:			1 <u>%</u> 1		
Name of New Registered Agent:	JEFFREY	RICHARDS		開発に	4 OC	وځ ړ ځې
New Registered Office Address:				SS.	20	Tree:
How Registered Office Addiess.	***	Enter Florida street addre	ess	 	<u> </u>	
			lorida į	<u> </u>		27 Aug
New Registered Agent's Signature, if changing Re		ity		3 - Z.P	£	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this ch	agent and agree to a and complete perfo ered agent as provid gistered office addra	rmance of my duties, c led for in Chapter 605.	and I ar F.S. C	n familio Or, if this	ar witt docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title **Address** Name 1881 79th Street Comy. # 1103 MAdd JEFFREY RICHARDS North Bay Village, FL 33147 - Remove AMBR JEFF RICHARDS 1881 79th Street Cowy. \$1103 DAdd North Bay Village, FL 33141 - Remove ☐ Add □ Remove ☐ Add Remove ☐ Add ☐ Remove

1	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
(Th	fective date, if other than the date of filing: (optional) e effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Da	ated OCTOBER, 15th, 2014.
	Tell history)
	Agnature of a member or authorized representative of a member
	JEFFREY RICHARDS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 OCT 20 AM 7:54 SECKETARY OF STATE TALL AHASSIE FLERK