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| Certified Copies          | Certificates        | of Status |
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| Special Instructions to I | <br>Filing Officer: |           |
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## **COVER LETTER**

| TO: Registration So<br>Division of Cor |   |  |  |
|--|---|--|--|
| SUBJECT: <u>£</u>                      | Name of Line                                    | PLUS LLC ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:  |  |
|  | ALan  | Lucknen<br>Name of Person  |  |
|  | ESTETTONNO                                      | Firm/Company   |  |
|  | 312 5   | Congress Ave.  | <del></del>  |
|  | WEST PE   | City/State and Zip Code  TOSS & AoL, com to be used for future annual report not | 33406  |
|  | E-mail address: (                               | 17508 @ AoL, com<br>to be used for future annual report not                      | iffication)  |
| For further information c              | oncerning this matter, please c                 |  |  |
| JHGJHGJKHGKKK                          | Han Likkman                                     | at (176) 884-  | 7000   |
| Name o                                 | t Person  | Area Code Daytin   | ne Telephone Number  |
| Enclosed is a check for the            | ne following amount:                            |  |  |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee &<br>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

| EDENTERMENT PLUS L  |   |  |
|---|---|--|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li  | <u>y as it now appears on o</u><br>ability Company) | ur records.)   |
| The Articles of Organization for this Limited Liability Company v Florida document number   | vere filed on August                                | and assigned   |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liabil   | ity company here:                                   |  |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designa                             | ion "LLC" or the abbreviation "L.L.C."                                 |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <b>31</b> SE   |
|   |   | AUG  |
|   |   | TAR<br>OF COF  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <b></b>  |
|   |   | <u> </u>   |
| B. If amending the registered agent and/or registered officesistered agent and/or the new registered office address here:   |   | records, enter the name of the new                                     |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  | Enter Florida str                                   | vet address  |
|   |   | , Florida  |
|   | Сиу   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |   |  |
| I hereby accept the appointment as registered agent and agree<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as pr<br>being filed to merely reflect a change in the registered office a | erformance of my d<br>ovided for in Chapte          | tties, and I am familiar with and er 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

|        | C)         |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u>     | Address                             | Type of Action |
|--------------|-----------------|-------------------------------------|----------------|
| AMBR         | Viniced I Dicce | 353 Court St.<br>Bracklys, PJ 11731 | <b>X</b> Add   |
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|                                     | specifies a d<br>h day after ti  |  |  | te, but ne                    | ot an effec       | tive time, a     | t 12:01 a | .m. on the      | e earli     | ier o                     |
| ated                                | August   | N                                      | ······································ | 2018                          |                   |                  |           |                 |             |                           |
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Filing Fee: \$25.00