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S. WARREN AUG 0 9 2017

COVER LETTER

Division of Cor			
64-66 STR SUBJECT:	EET, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RENDELL L BREWSTER	₹	
		Name of Person	
		Firm/Company	
	16115 SW 117 AVE #14A	, .	
		Address	
	MIAMI, FL 33177		
	RLB@EMACCURRENCY	City/State and Zip Code .COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
RENDELL L BREWST	ER	305 253-8774 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

any as it now appears of Liability Company)	n our records.)
y were filed on 10/28	2014 and assigned
bility company here	:
oility Company," the design	gnation "LLC" or the abbreviation "L.L.C."
16115 SW 117 AV	E #14A
MIAMI, FL 33177	
	ur records, <u>enter the name of the r</u>
Enter Florida	s street address
···	, Florida Zip Code
	Zip Code
4.	
	bility company here bility Company." the design of the des

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

	,		
MGR = MARIE AMBR = AMBR	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			Change
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Page 3 of 3

Filing Fee: \$25.00