Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000222775 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone

: (904)398-3911

Fax Number

: (904)396-0663

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

E	4.1	Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LUKENS GROUP LLC

Certificate of Status	0
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Sep. 16. 2015 10:46AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 0156 FP. 200222775

	ENS GROUP LLC	
(Name of the Limited Liability Co (A Florida Luni	nnpany as it now appears on ou ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000175913</u>	oany were filed on Novemb	per 12, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	चुं र
Enter new mailing address, if applicable:  (Malling address MAY BE A POST OFFICE BOX)		SEP 18 D
Intumng duaress must be AT 1 OS2 OT 1 TOE DOA		TEST OF
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida 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

Sep. 16. 2015 10: 47AM

If amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each

HP. 330222775

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	JOHN T. MATTEIS	3864 NW 4TH AVE	
		BOCA RATON, FL 33432	■ Remove
			☐ Change
CEO	ARTHUR C. HOFFMAN	107 LAKESHORE DR	<b>_</b> _ <b>A</b> dd
		FREMONT, NE 68025	■ Remove
			[] Change
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			Change
			Add
			□ Remove
			Change

September 16	Signature of a n	2015	rived representation	live of a member			
e record specifies a delay The 90th day after the re			an effectiv	e time, at 1	2:01 a.m. or	the earlie	er of:
an effective date is listed, the date no Note: If the date inserted in this locument's effective date on the	block does not m	eet the applica	able statutory f	or more than 90 d iling requireme	ays after filing.) P nts, this date wi	ursuant to 605 ll not be liste	.0207 (3) ed as the
ffective date, if other than t	e date of filing	;:			_ (optional)	T.	
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