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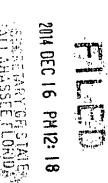
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COVER LETTER

TO: Registration So Division of Cor				
	REALTY ENTERPRISES	SLLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	•		
	AKIL YISRAEL			
		Name of Person		
	FOCUS 9 ENTERPR	RISES LLC		
		Firm/Company		
	601 DELTONA BLVI	D. SUITE 102		
	. , , , , , , , , , , , , , , , , , , ,	Address		
	DELTONA, FL 3272	5		
	PRESIDENT@FOCI	City/State and Zip Code JS9ENTERPRISES.COM		
	_	to be used for future annual report notification	n)	
For further information c	oncerning this matter, please ca	all:		
AKIL YISRAEL		386 259-9900	general Jack Kyro Promosing Steel	2014
	f Person	Area Code Daytime Telep	hone Number	000 1
Enclosed is a check for the	ne following amount:		크() 크()	3
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	©

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

DUKE REALTY ENTERPRISES LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000181979	11/24/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
EARL LEATHAM LLC	
The new name must be distinguishable and end with the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	2:0 3
New Registered Office Address: Enter	Florida street 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 the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for	e of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Add
			□ Remove
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			Remove
			□ Remove
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			SE SIA CONTRACTOR OF THE SECOND PROPERTY OF T
			Add
			Remove

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fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State) DECEMBER 10 2014	(optional) cannot be more than 90 days after
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Page 3 of 3

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