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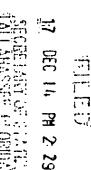
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COVER LETTER

| ro: | Registration Sec Division of Corp | | | |
|-----------|--------------------------------------|---|---|---|
| erip (te. | | RPRISE LAND TRUST, LLC | | |
| SUBJE | ur: | Name of Limi | ited Liability Company | |
| | | | _ | |
| | | ENTERPRISE LAND TRUST, LLC Name of Limited Liability Company eles of Amendment and fee(s) are submitted for filing. DARRICK BAILEY Name of Person | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 751 NW ENTERPRISE DI | RIVE, # 105 | |
| | | | Address | |
| | | PORT ST LUCIE, FL 3498 | 86 | |
| | | | · | |
| | | | | cation) |
| For furt | her information co | | • | |
| Darrick | Bailey or Cynthia | a Cabrera | 772 812-0223 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | c following amount: | 16 | |
| □ \$25 | .00 Filing Fee | | \$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

751 ENTERPRISE LAND TRUST, LLC

| (Same of the Library) | (A Florida Limited I | Liability Company) | our records.) |
|--|--|---------------------------|---|
| The Articles of Organization for this Limited Li Florida document number L15000020055 | ability Company | were filed on 02/02/ | 2015 and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| 751 ENTERPRISE, LLC | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | lity Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 751 NW ENTERP | ISE DRIVE, UNIT 105 |
| • | ment number L15000020055 ment is submitted to amend the following: ling name, enter the new name of the limited liability company here: PRISE, LLC must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: Total NW ENTERPRISE DRIVE, UNIT 105 PORT ST LUCIE, FL 34986 PORT ST LUCIE, FL 34986 Total NW ENTERPRISE DRIVE, UNIT 105 PORT ST LUCIE, FL 34986 Total NW ENTERPRISE DRIVE, U | | |
| Enter new mailing address, if applicable: | BOV) | | |
| (Malling address MAT BE A FOST OFFICE) | <u>50.3)</u> | | 411 |
| registered agent and/or the new registered of | fice address her | <u>e</u> : | r records, enter the name of the new |
| | | | |
| New Registered Office Address: | 03/ SW C1N1 | | |
| | PORT ST LUC | | |
| | | | 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

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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Filing Fee: \$25.00