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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		PRISES, LLC.		
Septect.	•	Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Terry Thomas		
		<del></del>	Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		890 NW 213th Ter Apt 104	4	
			Address	
		Miami, FL 33169		
			City/State and Zip Code	
		t3rrythomas@gmail.com	to be used for future annual report notific	ootion)
C Et	- <b>f</b> tian aa	ncerning this matter, please ca	·	ation)
For further ii	погнанов со	ncerning this matter, please ca	aii.	
Edwin Sand	у		917 916-5981 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
₩ \$25.00 F	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:

**TO:** Registration Section

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

LOI ENTERPRISES, LLC.	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L15000030787	Company were filed on February 18, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	
	CAILANA TO THE STATE OF THE STA
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Co Co
<del></del>	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

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
MGR	Terry Thomas	890 NW 213th Ter Building 1 #104	
		Miami, FL 33169 USA	Remove
		AMBR	<b>5</b> c)
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Terry Thomas to AMBR.							
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Filing Fee: \$25.00