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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

	Registration Se Division of Cor			.*.
eum iec		vard Enterprises LLC		
SUBJEC	- I :	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Juan F. Higa		
			Name of Person	
		E&J of Brevard Enterprise	s LLC	
•			Firm/Company	
		111 De Leon RD		
			Address	
		Cocoa Beach FL 32931		
			City/State and Zip Code	
		higaj@hotmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	er information c	oncerning this matter, please ca	all:	
Juan F H	iga		321 458-1273	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

E&J of Brevard Enterprises LLC		•		
(Name of the Lim	nited Liability Co (A Florida Lim	mpany as it now appear ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Comp	oany were filed on M	ay 13, 2015	and assigned
Florida document number L15000084541	,			
his amendment is submitted to amend the fo	llowing:			
. If amending name, enter the new name	of the limited	liability company he	ere:	
N/A				
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the o	lesignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
Principal office address MUST BE A STRE		<u></u>		
		2		
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	F ROY			<u> </u>
Maining dualess MAR BE AT OUT VITTE	<u> </u>			7
				The state of the s
B. If amending the registered agent an	d/or registere	d office address or	our records, et	} ₩
registered agent and/or the new registered	•			m . 01
				3 R 18
Name of New Registered Agent:	N/A			9
New Registered Office Address:	N/AA			<u> </u>
		Enter Flo	rida street address	
			, Florid	G
	 -	Citv	, r <i>i</i> oriu	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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlton Gene Hadley III	N/A	□ Add
		N/A	■ Remove
		N/A	Change
AMBR	Arthur John Winstanley	N/A	Add
		N/A	□ Remove
		N/A	☐ Change
			□ Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be	e prior to d	late of filing o	r more than	 (optio 90 days after	filing.) Pursua	int to 60:	5.020
Note: If the date inserted in this block does not meet the a locument's effective date on the Department of State's rec	applicable cords.	statutory f	iling requir	ements, this	date will no	t be list	ed a
	•						
e record specifies a delayed effective date, bu The 90th day after the record is filed.	it not a	n effectiv	e time, a	t 12:01 a	.m. on the	e earli	er (
Pated February 1 2017							
aleu :							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00