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COVER LETTER

Division of Cor	porations	,	
SUBJECT:	Entrepre Name of Limit	Olux Girl ted Liability Company	LLC
	Amendment and fee(s) are subm	-	
Please return all correspo	indence concerning this matter t	o the tonowing.	
	Tracy	Jo Smith Name of Person	<u> </u>
	Tracy	Jo Smit	h
	6907	Pinelan Address	d Rd.
	Bohe tracu E-mail address: (10	City/State and Zip Code Centrepr be used for future annual	eneurairl.net
For further information c	oncerning this matter, please ca		
Tracy	lo_Smi+h	at (<u>239</u>) Area Code	223 - 4660 Daytime Telephone Number
Enclosed is a check for t ☐ \$25.00 Filing Fee	he following amount: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	/ Certificate of Stat
Enclosed is a check for t	he following amount:	□ \$55.00 Filing Fee & Certified Copy	\$ \$60.00 Filing Fee, Certificate of Stat Certified Copy

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

TO ARTICLES OF ORGANIZATION OF

Entrepreneur	Girl, LLC.
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Tracy Jo Smith, UC The new name must be distinguishable and contain the words "Limited Liability	
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 here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zi _l
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am famili ovided for in Chapter 605, F.S. Or, if thi

If Changing Registered Agent, Signature of New Registere

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address		
		(
				

or removed from our records:

	
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-	.
	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will no
documen	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record is filed.
inc 5	our day area, the record is med.
Dated	Sept. 17, 2019.
	Signifure of a member of authorized representative of a member
	Tracy Jo Smith Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00