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COVER LETTER

Division of Corp	orations			
SUBJECT: BU	Enterprise Name of Lim	s LLC ited Liability Company		
	Name of Emi	ned Elaonity Company		
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Brian	S Burda		
	Bij: Ente	Prises LLC Firm/Company		TALLAN SECRE SECRE
	6816 L.	berty St Address		FILED MY 20 MIN 27 MEASSEL FEBRUAR AND SSELL FEBRUAR AND SSELL FEBRUAR
	1	/Address		
	Navarre	FL 32566		
	,	City/State and Zip Code to be used for future annual report notificat		7
For further information co	ncerning this matter, please co		,	
Brian	Ω	at (850) 554- Area Code Daytime Te	0185	
Name of	Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Registra	NG ADDRESS: stion Section to of Corporations	STREET/COURIER Registration Section Division of Corporation		

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bij: Enterprises (Name of the Limited Liability Compan	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 16 0000 27362. This amendment is submitted to amend the following:	F1 9th 2017 12 2 =
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liabili" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.L.C." 6816 Lberty St Naverce FL 32566
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Naverre FL 32566
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Man S Burda
New Registered Office Address: 68	Enter Florida street address Valle , Florida 32566
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00