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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ENLOW Real Estate Services LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie Enlow Name of Person
Valerie Enlow UC
750 SE Atlantic Dr. Address
City/State and Zip Code
Venlowre Email. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valevie Enlew at 501 247 4825 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

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

ENION Real (Name of the Limited Li	ESTATE ability Company as it now lorida Limited Liability Con	Services (Li	<u>C</u>
The Articles of Organization for this Limited Liabili	ity Company were filed		and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the Valerie Enlow The new name must be distinguishable and contain the words	11C		e abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		ress on our records, ent	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fi	nter Florida street address	
	Li	, Florida	
-	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
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Filing Fee: \$25.00