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MARO 8 2016 J. HARRIS

COVER LETTER

Div	ision of Corpo	rations				
SUBJECT:		TERPRISES, LLC				
The enclosed	l Articles of An	nendment and fee(s) are subm	itted for filing.			
Please return	all corresponde	ence concerning this matter to	the following:			
		PETER A. KOZIOL, ESQ.				
Name of Person						
ASSOULINE & BERLOWE, P.A.						
Firm/Company						
1801 N. MILITARY TRAIL, SUITE 160						
			Address			
		BOCA RATON, FL 33431				
			City/State and Zip Code			
PAK@ASSOULINEBERLOWE.COM						
		E-mail address: (to	be used for future annual report notification	on)		
For further in	nformation cond	cerning this matter, please cal	l :			
ELIZABET	H GIL		305 567-5576			
Name of Person		at () Area Code Daytime Tele	ephone Number			
			•			
Enclosed is a	check for the f	following amount:				
□ \$25.00 F	iling 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)		

TO:

Registration Section

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

illity Company as it now appears on our records. ida Limited Liability Company))
Company were filed on February 29, 2016	and assigned
mited liability company here:	
imited Liability Company," the designation "LLC" of	•
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DRESS)	70
	PR III
	2:27 SWATE
gistered office address on our records,	enter the name of the n
Enter Florida street address	
F1	.2.3
, Flor	Zip Code
	mited liability company here: imited Liability Company," the designation "LLC" DRESS) gistered office address on our records, ldress here: Enter Florida street address , Flor

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	PROKOPIOS PANAGAKOS	1801 N. MILITARY TRAIL	
		SUITE 160	□ Remove
		BOCA RATON, FL 33431	■ Change
			Add
			Remove
			Change
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			Rêmove Rêmove AR Change AR
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	date of filing:		(optional)	
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