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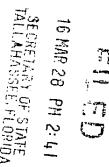
(Re	questor's Name)	
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WAR 2 9 2016 J. HARRIS

COVER LETTER .

Division of Cor			
SUBJECT: M; dd	Jeton Flori Name of Lim	da Enterpa	lises LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Edward	J SERRA Name of Person	
	Edward	J. SERRA C	PA
	4118 W	. Corporate	Oaks Dr
	•	RIVEK FL City/State and Zip Code	
	E-mail address: (OSCKRACPA. to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
Ed SeB Name of	Person	at (352) 791 Area Code Dayti	1-3879 me Telephone 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	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

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

The Articles of Organization for this Limited Liability Company	y were filed on MRRCH 18	and assigned
Florida document number <u>L1460005583</u> [-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah		
Middleton Property 2	uterprises	LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		Fr 5
(Principal office address MUST BE A STREET ADDRESS)		基新 臣 市
		22 N
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		A A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	da
	City	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 or removed from our records;

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
	·		
			□ Remove
			□ Change
			Add
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	ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional) nore than 90 days after filing.)! g requirements, this date w	Pursuant to 605.02
Note:	If the date inserted in this block does not meet the applicable statutory filir nent's effective date on the Department of State's records.		
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Note: docum	If the date inserted in this block does not meet the applicable statutory filinant's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective specified and after the record is filed.	cime, at 12:01 a.m. o	
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Filing Fee: \$25.00