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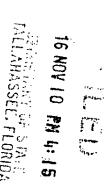
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PROPERTIES LLC  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:	
NWABUFO C. CHIDOLUG Name of Person	
ENROUTE PROPERTIES LLC Firm/Company	
1916 MERLOT DRIVE	
SANFORD FL 32771  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NWABUFO C · CHINXLEE at (281) 683 70 71  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee	f Status & py

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

ENROUTE PRO (Name of the Limited Liah (A Flor	OPERTIES LLC  illity Company as it now appears on our records.)  ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li  ENROUTES LLC  The new name must be distinguishable and contain the words "L		also the visit and LON
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD		The appreviation L.C.C.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		enter the name of the new
		SSEE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, 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>	Name	Address	Type of Action
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Filing Fee: \$25.00