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SEU-CHIO: STEE FLORIDA IALLAMASCHI

J. HARRIS

# **COVER LETTER**

TO: Registration Se Division of Cor		5	
CUDIECT.	FISENLOHR	ENT, LLC	•
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LYNK	Name of Person	iHR
	Eli	SENCOHZ, EN	TLLC
		Firm/Company	
	23570 N	Riverside Da	2 Wl
	<b>A</b>	Address	
	Melbou	rne Fr 32°	70 3
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all;	
	71		
		at ()	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing 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)

#### 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

# TO ARTICLES OF ORGANIZATION OF

Eisenlohr En-	t. ) LLC	OUE ORDAGES OR OUE P	manrde \		
(Name of the Limited Lie (A Fl	ability Company as it no orida Limited Liability C	ompany)	ecorus.		
The Articles of Organization for this Limited Liabilities Florida document number <u>L 160001392</u>	ty Company were file	ed on July ?	15,2016	_ and ass	igned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability con	ipany here:			
The new name must be distinguishable and contain the words '	"Limited Liability Compa	any," the designation	"LLC" or the abbre	viation "L.!	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	DDRESS)				<del></del> ;
			<u> </u>	ි - <del>102</del>	
				1.3	
Enter new mailing address, if applicable:				<u>.</u> 5	. **
(Mailing address MAY BE A POST OFFICE BOX				Ţu.	1 t
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	•		225	33	
B. If amending the registered agent and/or registered agent and/or the new registered office a		dress on our re	cords, <u>enter th</u>	<u>name</u>	of the new
Name of New Registered Agent:	tyrda K	-E1sen	/hR		
New Registered Office Address:		Enter Florida street a	ıddress		
			Florida		
<del>-</del>	City		_, Florida	Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	2356 N. RWERSLO	Type of Action
MGR	Name LYNDA K EISEN	16HP2	Melborne, Fr 32903	Add
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Filing Fee: \$25.00