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COVER LETTER

TO:	Registration Sec Division of Cor			
SURT	SIENENTE ECT:	RPRISES LLC		
.10 03		Name of Limi	ted Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DONALD E COOVERT, O	CPA	
			Name of Person	
			Firm/Company	
		954 DON JUAN COURT		
		PUNTA GORDA, FLORII	Address DA 33950	
		DECOOVERT@AOL.COM	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	ili:	
DON.	ALD COOVERT		317 691-6990	
	Name of	'Person	at () Area Code Daytime '	Telephone Number
Enclo	sed is a check for th	e following amount:		
≅ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SIENENTERPRISES LLC		2019 JUL 11 P 12 51
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	
		SAN ESTE TOMOR
he Articles of Organization for this Limited l	Liability Company were filed on $\frac{9}{2}$	o/20/2016 and assigned
lorida document number L16000175326	·	
his amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited liability company	here:
IENTERPRISES LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	•	
The par office dates wood be horne	ET ADDRESS)	······································
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
3. If amending the registered agent and	d/or registered office address o	on our records, enter the name of the
egistered agent and/or the new registered (office address here:	
Name of New Registered Agent:	DONALD E COOVERT	
New Registered Office Address:	954 DON JUAN COURT	
trem regionated office reduced.	Enter F	lorida street address
	.,,,,,,,,,	
	PUNTA GORDA	, Florida ³³⁹⁵⁰

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, name, and address of each person_being added or removed from our records</u>:

. MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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: If the date inserted in this	nust be specific and cannot be prior to block does not meet the application. Department of State's records.			
ecord specifies a delay le 90th day after the re	ed effective date, but not ecord is filed.	an effective time, a	t 12:01 a.m. on the e	arlier
JULY 8	2019			
Notther	Signature of a member of autho	 -		

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Typed or printed name of signee

Filing Fee: \$25.00