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COVER LETTER

Division of C			
EAST TO SUBJECT:	ENTH, LLC		
	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are st	duraitted for tiling	
	pondence concerning this mark	-	
	•		
	Milton A. Vescovacci, E	sq.	
	•	Name of Person -	
	GrayRobinson, P.A.		
		Firm/Company	
	333 S.E. 2nd Avenue		
		Address	
	Miami, Florida 33131		
	wwatters@hillcour.com	City/State and Zip Code	
	***	(to be used for future annual report notic	lication)
For further information of	concerning this matter, please o	ail:	
Nacha M. Martinez		305 416-6880	
Name o	t Person	Area Code Daytion	Telephone Number
Enclosed is a check for ti	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Pec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is unclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (edditional copy in 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

EAST TENTH, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Lin	(A Florida Limited (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Florida document number L16000199242	Liability Compan	y were filed on 10/28/16	and assigne	d
This amendment is submitted to amend the fol	llowing:	·		
A. If amending name, enter the new name	of the limited lin	bility company here:		
The new name must be distinguishable and contain the	words "Limited Lish	ility Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	3000 Bayport Drivo		
(Principal office address MUST BE A STRE	ETADDRESS)	Suite 745		
		Tampa, Florida 33607		
Enter new mailing address, if applicable:		3000 Bayport Drive		AUN
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 745	-,	C.
		Tampa, Florida 33607		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered of Mice address her	ffice address on our records, <u>enter</u> e:	the name of the	ÇS e new
New Registered Office Address:	GrayRobinson,	PA, 301 S. Bronough St., Stc. 600		
		Enter Florkia street address		_
	Tallahassee	, Florida 323	01	
New Registered Agent's Signature, If changing R	Registered Agent:	City	Ztp Code	_
I hereby accept the appointment as registered provisions of all statutes relative to the propericept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in writin the company has been notified in writing the company has been n	er and complete jetered agent as p egistered office e change.	performance of my duttes, and I am fa rovided for in Chapter 605, F.S. Or, i	miliar with and f this document i ited liability	

Page 1 of 3

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 = M AMBR = A	Innager authorized Member		
Title	Name	Address	Type of Action
			Ü Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			D AbA
		ri	☐ Remove
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tive date, if other than the date Tective date is listed, the date must be sp	e of filing: recific and cannot be prior to da	te of filing or more than 90 d	_ (optional) lays after filing.) Pursuant to 605.6
If the date inserted in this block d	loes not meet the applicable :	statutory filing requireme	nts, this date will not be listed
nent's effective date on the Departr	nem or sinte v records	•	
cord specifies a delayed effe	ectiva data hut nat an		2:01 a.m. on the earlier
90th day after the record i	s filed.	chiconic unic, at 1	c.o. c.m. on the come.
November 714	2017		
me_			
Siune	ture of a member or authorized	momentative of a mamber	
កម្មា <u>ក</u>	tore of a monitor of authorized	representative of a menticer	
Wayne Watters			
		ne of signee	

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