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COVER LETTER

Division of Corpo	orations		
SUBJECT: EN-ROUTT	LLC		
	Name of Limite	d Liability Company	-
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Barry E. hughes		
		Name of Person	
	Barry E. Hughes, P.A.		
		Firm/Company	
	900 Big Tree Rd.		
		Address	
	South Daytona, Fl., 32119		
		City/State and Zip Code	
	barry@barryhugheslaw.com	be used for future annual report notificat	·
		•	ion)
For further information con	cerning this matter, please call	:	
Barry E. Hughes		386 788-9667	
at () Name of Person		lephone Number	
Enclosed is a check for the	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)

TÓ:

Registration Section

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

EN-ROUTT, LLC				
(Name of the Limiter	d Liability Compa A Florida Limited I	ny as it now appears on a liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number L1700002109				and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of t</u>		_		17 JUL 17 TIL
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designa	ation "LLC" or the abb	reviation?" In the "
Enter new principal offices address, if applical	ble:			TO P
(Principal office address MUST BE A STREET	(ADDRESS)			<u> </u>
				PH 2:11045
Enter new mailing address, if applicable:		3939 S. Atlantic Ave	·	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Port Orange, Fl. 3212	27	
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	ce address here			he name of the new
	Daytona Beach		, Florida _	
		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
MGR	Michael Spizzirri	3939 S. Atlantic Ave	■ Add
		Port Orange, Fl., 32127	□ Remove
			Change
AMBR	Dustin Routt	601 Bill France Blvd., Unit 801	= Add
		Daytona Beach, FI,	□ Remove
			Change
			□ Remove
			Change
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ffective date, if other than an effective date is listed, the date of the lift the date inserted in this ocument's effective date on the	nust be specific a block does no	and cannot be of meet the a	prior to date o	of filing or mor tutory tiling	e than 90 days	optional) after filing.) F i, this date w	Pursuant to 605.02 ill not be listed	207 (I l as th
e record specifies a delay The 90th day after the r	ed effective ecord is file	e date, bu d.	t not an e	ffective tir	ne, at 12:0	01 a.m. or	າ the earlier	of:
ated		2017						
aicii	11	_,	· · ·					
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Filing Fee: \$25.00