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D. SCOTT MAY 1 8 2017

## **COVER LETTER**

	tion Section of Corporations			
SUBJECT:	2674 ENTERPRISES, LLC	C		
30bJEC1:		ited Liability Company	····	
The enclosed Artic	cles of Amendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespondence concerning this matter	to the following:		
	Tiffany J. Eat	on, Esq.		
		Name of Person		
	Cove Law, PA			
		Firm/Company		
	225 S. 21 Ave			
		Address		
	Hollywood, FL	. 33020		
	tiffanyjeaton@	City/State and Zip Code gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)	
For further inform	ation concerning this matter, please ca	all:		ਹੁਕ ਵੀ
Tiffany J. I	Eaton, Esq.	at (954 ) 921-1121	e Telephone Number	COR E
1	Name of Person	Area Code Daytim	e Telephone Number	
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	k for the following amount:			TEST -
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
. ( 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 2674 ENTERPRISES, LLC

207 I EI I I EI	raobo, bbc		
(Name of the Lie	mited Liability Company a (A Florida Limited Liab	as It now appears on our records.) ility Company)	
The Articles of Organization for this Limited	Liability Company we	re filed on <u>03/09/2017</u>	and assigned
Florida document number <u>L17000055564</u>	<u>1</u> .		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain th	e words "Limited Liability (	Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if app	licable: _	2674 EAST OAKLAND P	ARK BLVD
Principal office address MUST BE A STRI	EET ADDRESS)		<del></del>
	·	FORT LAUDERDALE, FI	_ 33306
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFIC	EE BOX)		記念 尊 。
			室治 ■ 五
·	_		
3. If amending the registered agent ar		e address on our records,	enter the name of the n
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:	Erma A. Stramag	lia	<u> </u>
New Registered Office Address:	2674 EAST OA	KLAND PARK BLVD	
		Enter Florida street address	
	Oakland Park		da <u>33306</u>
		City	Zip Codé

### 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>	<u>Name</u>	Address	Type of Action
Manager	Erma Stamaglia	2674 EAST OAKLAND PARK BLVD	
		FORT LAUDERDALE, FL 33306	<b>™</b> Remove
			Change
Managing Member	Erma A. Stramaglia	2674 EAST OAKLAND PARK BLVD	<b>*</b> Ødd
AVICATION OF		FORT LAUDERDALE, FL 33306	□ Remove
			Change
Manager	Aaron Gonzalez	2674 EAST OAKLAND PARK BLVD	Add
		FORT LAUDERDALE, FL 33306	€ Remove
			Change
Manager	Nancy Stramaglia	2674 EAST OAKLAND PARK BLVD	¬ Add
	·	FORT LAUDERDALE, FL 33306	Remove
			Change
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ective date, if other than effective date is listed, the date	the date of filing: must be specific and cannot be	prior to date of filing or n	option) nore than 90 days after fil	<b>al)</b> ing.) Pursuant to 605.0
e: If the date inserted in the	is block does not meet the a	pplicable statutory filir	ig requirements, this d	ate will not be listed
ument's effective date on tr	e Department of State's rec	oras.		
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-	Signature of a member or	authorized representative	e of a member	33 -
Erma A:	Stramaglia	•		Sand Sand
		printed name of signee		<u> </u>

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Filing Fee: \$25.00