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(City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Se Division of Cor						
elib iez	Enterprise i	Home Rentals LLC					
SUBJEC	,1: <u></u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Craig Townsend					
			Name of Person				
		Enterprise Home Rentals					
			Firm/Company				
		4400 N Highway 19A Ste	8B				
			Address				
		Mount Dora, Fl 32757					
			City/State and Zip Code				
		Rtownsend531@yahoo.com					
For fireth	ar information a		to be used for future annual report notifi	cation)			
roi iurui	er intormation c	oncerning this matter, please ca	atr:				
Rhonda '	Townsend		407 619-1263 at ()				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

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

any as it now appears on our records.) Liability Company)	
were filed on 4/20/2017	and assigned
oility company here:	
ility Company," the designation "LLC" or	the abbreviation "L.L.C."
4400 N Highway 19A Ste 8B	
Mount Dora, Fl 32757	→ Fo
gent and the second of the sec	8 FE
P O Box 1419	HASSE B 26
Sorrento, Fl 32776	P
	7: 5 4
office address on our records, <u>e</u> e:	•
Enter Florida street address	
	3.
	da Zip Code
	pility company here: ility Company," the designation "LLC" or 4400 N Highway 19A Ste 8B Mount Dora, Fl 32757 P O Box 1419 Sorrento, Fl 32776 ffice address on our records, e

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
Partner	Rhonda Townsend	4400 N Highway 19A Ste 8B	■ Add
	•	Mount Dora, Fl 32757	☐ Remove
			☐ Change
			Add
			☐ Remove
		.	Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
		Market Make African Administration of Administration (Administration)	☐ Remove
			Add
			Remove
			□ Changa

Craig Townsend	
Rhonda Townsend	
	ζ
ive date, if other than the date of	filing: 2/21/2018 (optional)
ective date is listed, the date must be speci If the date inserted in this block does	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 s not meet the applicable statutory filing requirements, this date will not be list
ent's effective date on the Departmen	
cord specifies a delayed effect	tive date, but not an effective time, at 12:01 a.m. on the earli
90th day after the record is f	
2/22	, <u>2018_</u> .

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Filing Fee: \$25.00