Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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S. WARREN

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Help

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TO:	Registration Sec Division of Corp			
C11D 1127		LL ENTERPRISES, LLC		
SUBJEC		Name of Linii	ted Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		Cheyenne Moseley		
			Name of Porson	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11th	n Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Co-i:	
		peepogo(a)yahoo.com	to be used for future annual report notifi	cation)
				omion,
For furt	her information c	oncerning this matter, please or		
Cheye	nne Moseley		800 773-0888 ex	
,	Numeo	l Person	Area Code Daytimo	Telephone Number
Enclose	d is a check for th	he following amount:		
□ 5 25	.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	☐ \$60.00 Filing Foe, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

بقر

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Corr (A Florida Limite	pany as it now appears on or d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa		
Torida document number L17000102966		
This amendment is submitted to amend the following:	â.	
A. If amending name, enter the new name of the limited li		
he new name must be distinguishable and end with the words "Limited L	nability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> ^	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address to the new registered of the new registered office address to the new registered	office address on our iere:	records, enter the name of the new
Name of New Registered Agent:	oerę:	
registered agent and/or the new registered office address b	erg: Enter Florida str	
Name of New Registered Agent:	erg: Enter Florida str	vet aidress
New Registered Office Address:	Enter Florida str.	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent about the inglified to merely reflect a change in the registered officement has been notified in writing of this change.	Enter Florida str Oily out: agree to act in this capue ete performance of my d as provided for in Chapt fice address, I hereby con	vet address, Florida
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and a provisions of all statutes relative to the proper and compile accept the obligations of my position as registered agent about the indigations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	Enter Florida str Oily out: agree to act in this capue ete performance of my d as provided for in Chapt fice address, I hereby con	cet address, Florida

2017-10-05 07:32.28 PDT To: Page 5 of 6 If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> <u>Name</u> AMBR Travis S. Hardy 13707 US 301 N. **⊠** ∧dd Parrish, FL 34219 ____ Remove

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Page 2 of 3

. If amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) id cannot be more than 90 days after
Daied 25 SEPT 2017	-
Signature of member or githorized repr John Scott Flard	
Typod or printed name of	·

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