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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LIANN	E LOETT ENTE Name of Lim	RPRISE S ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	L	ANNE LOEHR Name of Person	****
	- 	Firm/Company	
	<u>381 4th</u>	Street	
		Address	
	Atlantic	Beach FL 3 City/State and Zip Code	2233
	Liànne Loek E-mail address: (1	City/State and Zip Code NS 20 amul Com to be used for Juture annual report	t notification)
For further information co	ncerning this matter, please ca		,
LIANNE	LOEH12	at (QOY) (Q	64-3316
Name of 1	rerson	Area Code Da	lytime Telephone Number
Enclosed is a check for the	following amount:		
S \$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)

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

LANGE	LOEHP	ENTER PEIS	.53				
(<u>Name of the Limited L</u> (A F	iability Compa Torida Limited L	ny as it now appears o Liability Company)	n our records.)				
The Articles of Organization for this Limited Liabil	ity Company	were filed on	1/5/17		and as	signed	
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	e limited liabi	ility company here	:				
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the desi	gnation "LLC" or	the abbrevi	ation "L	L.C."	_
Enter new principal offices address, if applicable	e:						
(Principal office address MUST BE A STREET A	DDRESS)						
						···,	_
Enter new mailing address, if applicable:		<u> </u>			· ——		_
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>						_
				<u> </u>		, . 	— :6 [‡]
B. If amending the registered agent and/or			our records, g	enter the	naoffie	of the	nev
registered agent and/or the new registered office	address ner	<u>e</u> :		ŠSE!	12	The same	ž
Name of New Registered Agent:				75 75	<u>A</u>	[7]	•
New Registered Office Address:				0 <u>81</u>	1: 49	****	
		Enter Florida	street address	L>	-		
-		City	, Flori		ip 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>	<u>Name</u>	Address	Type of Action
DWHERE	LANNE LIEHP	381 4th Street Atlantic Beach, Fi 32	MAdd
		Atlantic Beach, Fr 32	2-33 □ Remove
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Filing Fee: \$25.00