

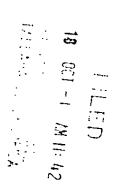
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COVER LETTER

	Registration Section Division of Corpor	
SUBJEC	T: 10	ENTERPRISES FLORIDA LLC
		Name of Limited Liability Company
The encl	osed Articles of Ame	endment and fee(s) are submitted for filing.
Please re	turn all corresponde	nce concerning this matter to the following:
		JONAS NUNEZ
	-	Name of Person
		10 ENTERPRISES FLORIDA LLC
	-	Firm/Company
		PU BOX 4038
	-	Address
		WINTER PARK, FL 32793 City/State and Zip Code
	-	City/State and Zip Code
		JONAS NUNEZ @ YAHOO. COM E-mail address: (to be used for future annual report notification)
		·
For furthe	er information conce	erning this matter, please call:
70	NAS NUN	at (370) 233
	Name of Per	Son Area Code Daytime Telephone Number
Enclosed	is a check for the fo	llowing amount:
\$25.0	0 Filing Fee	1 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

JO ENTERPRISE	•			:	
(Name of the Limited (A	Liability Compan Florida Limited Li	y a<u>s</u> it no v ability Co	w appears on ou mpany)	r records.)	
(Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number <u>L1.70001.656</u> This amendment is submitted to amend the follow		were file	d on <u>08/0</u>	3/2017	and assigned
A. If amending name, enter the new name of the	he limited liabil	ity com	oany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Compar	y," the designation	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable of the control		55: ORL	56 S ANDO, FI	RIO GR _ 3283	ANDE AVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Po	BUX Y UTER PAR	038 K, FL 3	2793
B. If amending the registered agent and/or registered agent and/or the new registered office			ress on our	records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	ZANÜL	N	INE Z		
New Registered Office Address:	JUNAS 5556				
	ORLAND		Enter Florida stred		3283°1 Zip Code
		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>	<u>Name</u>	Address	Type of Action
MGR	ORLANDO RESTITUYO	2159 CROSSHAIR CIR	
		ORLANDO, FL 32837	X Remove
			Change
MER	RAMONA MUNCZ DE NUN	EZ PO BOX 4038]X Add
		WINTER PARK, FL 32793	Remove
			Change
			🗆 Add
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		20/2	1/2018			
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te: If the date inser	rted in this block does n	ot meet the applic	able statutory fil			
ument's effective (late on the Department	of State's records				
record specifies	s a delayed effectiv	re date hut no	nt an effective	time at 12·0	ılam ont	he earlier o
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ed SEPTEM		_, 2018	·			
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	Signature o	of a member or auth	orized representati	ve of a member		

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Filing Fee: \$25.00