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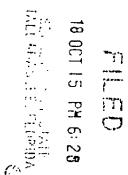
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COVER LETTER

Divisio	n of Corp	orations		
AL SUBJECT:		NTERPRISE LLC		
SUBJECT:			ted Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all	correspon	dence concerning this matter t	to the following:	
		RICHARD KANTOR		
			Name of Person	
			Firm/Company	
		637 RIVERSIDE DR		
			Address	
		ORMOND BEACH, FL 3	2176	
			City/State and Zip Code	
		maw@mawilsoncpa.com		
		E-mail address: (t	o be used for future annual repor	notification)
For further infor	mation co	ncerning this matter, please ca	ill:	
RICHARD KAN	NTOR		386 868-745	
	Name of	Person	Area Code Da	sytime Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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:

TO:

Registration Section

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 Tallahassec, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AL @ AL ENTERPRISE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 10/13/2017	and assigned
Florida document number L17000212016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AL & AL ENTERPRISE LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	
		# CT 17
		5
Enter new mailing address, if applicable:		
		,
(Mailing address MAY BE A POST OFFICE BOX)	······································	11.5
		- Ca
		P. Jan.
B. If amending the registered agent and/or registered		rds, enter the name of the nev
registered agent and/or the new registered office address	s nere:	
Name of New Registered Agent:	· ·	<u> </u>
New Registered Office Address:		
Negistered Office Address.	Enter Florida street add	tress
		Florida
	City	Florida 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

Title	<u>Name</u>	Address	Type of Action
MGR	MURPHY, LEEA	637 RIVERSIDE DR	
		ORMOND BEACH, FL 32176	D Add
		ORMOND BEACH, PL 32170	■ Remove
			Change
MGR	KANTOR, RICHARD	637 RIVERSIDE DR	
		ORMOND BEACH, FL 32176	 ■ Add
			Remove
			Change
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	If an effec	tive date is listed, the	date must be specific	e and cannot be	prior to date c	f filing or more	than 90 days afte	er filing.) Pursuant	to 605,020°
Effective date, if other than the date of filing:	Note: If document	the date inserted in it's effective date o	i this block does in in the Department	of Meet the ap	plicable sta ords.	utory filing re	quirements, th	is date will not h	e listed as
Effective date, if other than the date of filing:			-						
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t					not an e	fective tim	e, at 12:01	a.m. on the	earlier o
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t				2018					
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	Dated O	OCTOBER 3							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00