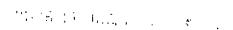
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Special Instructions to	Cities Officer	
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Office Use Only



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2019 JAN 16 PH 12: 50

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JAN 2 3 2019

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: Ad	Name of Limited Liability Company	
	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	LOWAINE Krampski-Morano Name of Person	
	Example Enterprises LLC	
	2530 Vardmant Ct	
	Cape Corol F-1 33991 City/State and Zip Code LMOK 734 (W 1975) COPY E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information con-	cerning this matter, please call;	
1.0/17/7/1/18 Name of Po	erson Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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
Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAN 16 PM 12: 50

(Name of the Limited Liability (A Florida)	SKI EINCYPHSES CCC
·	inpany were filed on $\frac{\omega/27/2015}{2015}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Name	Address	Type of Action
AMBR	Lorraine Krempski	-Morano 2530 Virda	nont-CtoxAdd
		Morano 2530 Virdn	F/ 🔲 Remove
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		Change	
			Add
		☐ Remove	
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> I	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	1/14/201 9
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00