

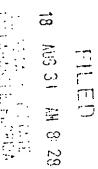
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COVER LETTER

orthaniszer	DEYNCOL	URT ENTERPRISES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		KIMBERLY A MELLA		
			Name of Person	
			Firm/Company	
		2207 89TH STREET NW		
		BRADENTON FL 34209		
		·	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	leation)
For further is	nformation c	oncerning this matter, please co	all:	
KIMBERLY	r a mella		at ()	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	ı cheek for th	se following amount:		
₩ \$25.00 F	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:

TO:

Registration Section Division of Corporations

> 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

	T ENTERPRISES LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number L18000175143		and assigned
This amendment is submitted to amend the follow		- 10 6
A. If amending name, enter the new name of the	ne limited liability company here:	THE STATE OF THE S
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	28
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
_		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>	<u>Name</u>	Address	Type of Action
MGR	KIMBERLY A MELLA	2207 89TH ST NW BRADENTON FL 34209	
			☐ Remove
			□ Change
AMBR	KIMBERLY A MELLA	2207 89TH ST NW BRADENTON FL 34209	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add Remaive
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	8/01/2018	
un effi <u>ote:</u>	tive date, if other than the date of filing:	ling.) Pursuant to 605.0207
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed.	m. on the earlier of
	6	
ated .	8-1-62-18	
ated .	8 - 1-62 - 18 A Constitute of a member or authorized representative of a member	

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Filing Fee: \$25.00