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(Requestor's Name)	
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COVER LETTER

CR2E062 (9/15)

TO: Registration S Division of C			
SUBJECT:	ENAMORE	O REALTY	LC
	N	ame of Limited Liability	y Company
Dear Sir or Madam:			
The enclosed Statemer	nt of Correction and fee(s) a	re submitted for filing.	
Please return all corres	pondence concerning this m	natter to the following:	
BROOK	S WALBURN Name of Person		
E	VA MOZED REACTED	N LLC	
<u>3793</u> T	ILBOR CIR Address		
Fr. Mye	City/State and Zip Code		
E-mail address: (HBU230 YAHOO CO to be used for future annual	report notification)	
For further information	n concerning this matter, ple	ase call:	
BROOKS	WASHBURN	at (_ 239)_	223-1369
Nam	e of Person	Area Code	Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns · Circle	Re Di P.(AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
Enclosed is a check for	or the following amount:		
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209. F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	:The name of	the limited liabilit	y company is:	NAMORED RE	ALTY LLC	
SECO THIRI	<u>D</u> : Doc	ament to be correc	nted is: ELECTRO	NK ARTICLES	s: <u>L 190001081</u>	ATion
	Contains an i	ncorrect statemen as follows:	- <u>-</u>	nent, the reason the	statement is incorrect,	.
		•	an change to			
	OR Was defective as follows:	ely signed. The n	nanner in which the do	cument was defectiv	vely signed and the ap	propriate correctio
	<u>OR</u>					-1 PM12: 09
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	are of new regi		plicable :(NOTE: if c	orrecting the register	red agent, the new regi	istered agent must:
I hereb provisi obligat reflect	y accept the apons of all statu- tions of my pos	ppointment as regi tes relative to the ition as registered	proper and complete playent as provided for	e to act in this capac performance of my d in Chapter 605, F.S	city. I further agree to luties, and I am familia 5. Or, if this document liability company has	ir with and accept is being filed to mi
			Registered	Agent's Signature		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	