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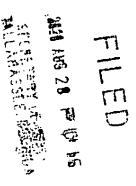
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Se Division of Cor		* **						
SUBJE	EHLINGER	R ENTERPRISES, LLC	•	· •					
SUDJI,	C1	Name of Lim	ited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please 1	eturn all correspo	ndence concerning this matter	to the following:						
	KIRK T. BAUER, ESQUIRE								
		·	Name of Person						
BAUER & ASSOCIATES									
Firm/Company									
P.O. BOX 459 Address									
City/State and Zip Code KBAUER@DELANDATTORNEYS.COM									
	fication)								
For furt	her information ed	oncerning this matter, please c	all:						
KIRK 1	f. BAUER, ESQU	JIRE	386 734-3313						
	Name of	Person		e Telephone Number					
Enclose	d is a check for th	e following amount:							
■ \$25	i.00 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	s:	Street Address:						

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EHLINGER ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 22, 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 35 B. If amending the registered agent and/or registered office address on our records, enter the name of the ne agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
MGRM	STEPHEN M. EHLINGER	539 SOFT SHADOW LANE	
		DEBARY, FL 32713	□Remove
			■Change
			□Ađd
			Remove
			□Change
			□Add
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			□Change

STEPHEN M. EHLINGER.				
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date must Note: If the date inserted in this b	at be specific and cannot be pri ock does not meet the app	ior to date of filing or more tha licable statutory filing requ	n 90 days after filing.) Pursuant to 60 direments, this date will not be lis	05.0207 (sted as t
ocument's effective date on the D				
record specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
d is filed.				
AUGUST 26	2020			
Pated Addos 20		·		
/4/5	7000			
		thorized representative of a n		

Filing Fee: \$25.00

Typed or printed name of signee