LZ0000178475

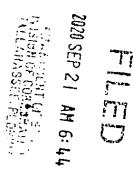
| (Req | uestor's Name) | |
|---|------------------|-----------------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800352446098

09/21/20--01013--002 **25.00



OCT 2 8 2020 S. YOUNG

COVER LETTER

| Division of Cor | | | |
|----------------------------|--|--|---|
| SUBJECT:E | LC Enterpris | ses, LLC | |
| | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Eric C | 0 U 1 HOFF Name of Person | |
| | ELC Ente | Eppises, LLC Firm/Company | |
| | 1413 Por | tmoor Way | |
| | | City/State and Zip Code Loff@MSN. C to be used for future annual report notif | 787 5000 fication) |
| For further information of | oncerning this matter, please ca | | |
| Eric C | ov Hoff of Person | at (321) 217 L Area Code Daytime | 1340 e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: 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

| (Name of the Limited Limitity of (A Florida Li | Company as it now appears on our records.) | MASER 2 |
|--|---|--|
| The Articles of Organization for this Limited Liability Con Florida document number <u>L200001</u> 7 | 11 19 19 19 19 19 19 19 19 19 19 19 19 1 | and assigned 5 |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRE. | <u></u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | office address on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| new neglacied Office Address. | Enter Florida street address | 1.11-41-41-41-41-41-41-41-41-41-41-41-41-4 |
| | . Floric | 12 |
| | , FIOTR | 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 | Eric Coultoff | 1413 Portmoor Way | Ndd |
| | | Winter Garden, FL | □Remove |
| | | 34787 | □Change |
| | | | □Add |
| | | -1 | □Remove |
| | | □Change | |
| | | | |
| | | □Remove | |
| | | □ Change | |
| | | □Add | |
| | | | □Remove |
| | | | □Change |
| | | 🗆 🖊 🗆 🗀 Add | |
| | | □Remove | |
| | | □Change | |
| | | □ Add | |
| | | | □Remove |
| | | | |

| | · · · · · · · · · · · · · · · · · · · |
|--------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (If an e <u>Note:</u> | tive date, if other than the date of filing: |
| the reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Dated | <u>September 14. 2020.</u> |
| | September 14 . 2020 . Listable Signature of a member of a member |
| | Signature of a member withorized representative of a member LISA COULED F Typed or printed name of signee |

Filing Fee: \$25.00