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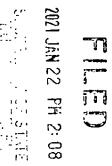
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor SUBJECT:	porations CTHOMA	S ENTERPRISE	ES LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	- Yolanda	Name of Person	5	
	YMT Enter	Pirm/Company	202	
	6130 NE.	3RD AUENUE	2021 JAN 22	
	FORT LAUD 4MTENTERP E-mail address:	City/State and Zip Code Charles L. C. Company Code Code Code Code Code Code Code Code	L. COM	O
For further information o	oncerning this matter, please c	•	,	
40lana M	1. Thomas	a1 954 40 (0-8435 e Telephone Number	
Enclosed is a check for th	ne 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 Tallahassee, 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

BC THOM	AS ENTERPRISES LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20 000 38</u> 0 1°	were filed on $\frac{13/04/3020}{12}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	RPRISE LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6 30 NE 3RD AVENUE FORT LAUDERNALLE FL -338359
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALETE
B. If amending the registered agent and/or registered office a sgent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
	YA THOMAS
New Registered Office Address: 8640	IERNIGAN RD APT 42 Enter Florida street address
PENSAC	City Florida 325/4
v Registered Agent's Signature, if changing Registered Agent:	Top South

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and vpt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability rany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 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	LATOYA R. THOMAS	8640 JERNIGAN RD	□Add
		APT 42 PENSACOLA, FL 325/4	_ ID Remove
		PENSACOLA, FL 325/4	_ □Change
			_ □Add
			_ 🗆 Remove
		S 202	•
		JAN KZ	Addr □ Addr
		1970 	Remove
			Change
			_ 🗆 Add
			_ □Remove
			□Change
			_ 🗆 Add
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			_ □Change
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			_ Change

	 	
		
 		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or m	(optional)	_
ote: If the date inserted in this block does not meet the applicable statutory filin	fore than 90 days after frling.) Ig requirements, this date v	Pursuant to 605, will not be liste
ocument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The	90th day after
is theu.	<i>,</i> -	
11 Tanua-01/ 2001	/	
of 11 JANUARY 2021	lamo.	

Filing Fee: \$25.00