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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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## **COVER LETTER**

Division of Corpo	orations		
suвлест: Тора		Cise LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jule	Name of Person	
	Improvise for	ferfrise LL C Firm/Company	
	1232 Whisper	ting Winds Ct	
	Apopka, F	City/State and Zip Code  Code	
	Jude Improvise E-mail address: (1	to be used for future annual report notif	cation)
For further information con	ncerning this matter, please ca	all:	
Jude Jean Name of P		at (407) 733-d	
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl. b)
M . 180m m A J 3		Charles Add	

**Mailing Address:** 

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L} \underbrace{\lambda} \underbrace{1} \underbrace{0} \underbrace{0} \underbrace{0} \underbrace{0} \underbrace{0} \underbrace{0} \underbrace{0} 0$			
This amendment is submitted to amend the following:	915a		
A. If amending name, enter the new name of the limited liab	nty company nere:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		HAR -1 PH	
(Mailing address MAY BE A POST OFFICE BOX)		79	
Grading address in it BE it 1 051 01 1 1 CE 1000	***************************************		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			<u>ed</u>
	Enter Florida stre	vet address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is	е

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
O WAR FAMY	Jule Jean	1232 Whispering Winds L#	<b>I</b> ZAdd
		1232 Whispering Winds C# Apopka, FL 32703	□Remove
			□Change
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We see the see that the see tha	
We are add (Jude Jeun) as Owner of	
Company L. Improvise Enterprise LLC	
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ive date, if other than the date of filing:	mt to 605
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	
ent's effective date on the Department of State's records.	Ν.
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	Five
led.	
07-79-9031.	<b>1.60</b> €
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Signature of a member or authorized representative of a member	- <u>ē</u>