## -2100006443

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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	Alex	t CO RANHI	LLC.
	Name of Limi	ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are subr	mitted for filing.	
Please return all corr	espondence concerning this matter t	to the following:	
	R	OSL ALIXANDER	<u>e</u>
	-	Firm/Company	
	2308	S LA RUL COUY-	}
	Tallano	City/State and Zip Code	3
	E-mail address: (t	o be used for future annual report notific	ation)
For further informati	ion concerning this matter, please ca	ill:	
Rose	Alxanaye.	ai (QSA) Daytime T	- 1507 Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	Idress: ion Section	<u>Street Address:</u> Registration Sect	ion
_	of Corporations	Division of Corpo The Centre of Ta	orations
1.O. DOX	0027	The Centre of Ta	1141143344

Tallahassee, FL 32314

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 Company as it new appears on our r Florida Limited Liability Company)	ecords.)
(A	Florida Limited Liability Company)	1
The Articles of Organization for this Limited Liab	lity Company were filed on $02/0$	5 202 and assigned
Florida document number L2100004	<u>FO L</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	enterphises LLC
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable	e:	= 8 <b>T</b>
(Principal office address MUST BE A STREET)	(DDRESS)	20
		<u> </u>
n in the second		
Enter new mailing address, if applicable:		Q Q
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<i>©</i>
	-	
B. If amending the registered agent and/or regingent and/or the new registered office address by	-	enter the name of the new registered
agent and/or the new registered office address i	icre.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Res	istered 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
AMBr	Claude Alexandre	4420 NW 2940,St	□Add
		Lauderdale Lake, Fl	□Remove
		23313	Change
AMBY	ERICK Alexandre	4420 NW 29th St	□Add
		Louderdale Lakes Fl	□Remove
		333 3	/]Change
Ambr	Annalise Alexandre		🗆 Add
		Lauderdale Lakes F	Remove
		3333	Change
MGR	Plose Alexandre	2303 La nul cour	ZAdd
		Tallahassee, Fl 32803	□Remove
		<u></u>	
			□Add
			□Remove
			□Change
-1		<del></del>	□Add
			□Remove
			🗆 Change

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_	
<u>ite:</u> If	e date, if other than the date of filing:
cord : s filec	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
ted _(	OCHOBER 25  Ale Ale Signature of a member or authorized representative of a member
	Rose Alexander

Filing Fee: \$25.00