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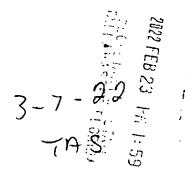
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(Document Number)				
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COVER LETTER

TO: Registration Division of C			
SUBJECT:		I LER PR ISE.	s LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	KAREN	Name of Person	AS-VERGOTE
		Firm/Company	
	9401	BRIARC	LIFF TRACE
	Port St	Address LUCIE, FZ City/State and Zip Code ARKAS 2567 to be used for future annual report notion	-34986. CGM212, COM,
For further information	n concerning this matter, please ca	all:	2-6105
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check to	r the 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)
No			

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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L21000109031</u> n. 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Name	Address	Type of Action
ANBR	MIEHELLE KENAUN	9401 BRIARCTIFF TEACE FORTST. LUCIE, FZ 80043	Sald HAT
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			D.Channa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
D. If amending and	
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	-
HEE EE	·
	<u>.</u>
크건 	:159
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant that the list of the prior to date of filing or more than 90 days after filing.	to 605,0207 (3)(b) be listed as the
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not not not be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
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record is filed.	
Dated talkar	
Signature of a member or authorized representative of a member	75.
Typed or printed name of signee	