# 121000394997

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL AHASSES STATE

A. BUTLER MAY - 9 2022

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJEC	T: 781 Eviler Drise LLC  Name of Limited Liability Company
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Darrick Bailey Name of Person
	747 Enterprise LLC
	- 751 NW Entherprise Dr. Ste 105
	City/State and Zip Code
	Cinidus—agreathence Courtlook.com
For further	information concerning this matter, please call:
1/1	Name of Person at (772) 323-5465 Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00	Filing Fee Solution Status Sol

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 APR 11 AH 8: 18

The Articles of Organization for this Limited Liability Company were filed on June 25, 2021 and assigned Florida document number 121000294997 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ewterprise, LLC tinguishable and contain the words "Limited 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 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

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
		□ Remove	
		Change	
<del></del>			□ Add
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Note:	ive date, if other than the date of filing: April 7,202 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	April 7 2022
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,	Signafture of a member or authorized representative of a ntember
/	Signifiure of a member or authorized representative of a ntember

Page 3 of 3

Filing Fee: \$25.00

## State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of 747 ENTERPRISE LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on June 25, 2021 effective June 25, 2021, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L21000294997.

Authentication Code: 210625135047-200368956372#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Fifth day of June, 2021



Laurel M. Lee Secretary of State