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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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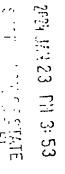
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations	.*	
	estments HL459 LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lawrence S Ennis		
		Name of Person	
	Ennis Investments HL 459)	
		Firm/Company	
	233 South Federal Hwy St	uite 110	
		Address	
	Boca Raton Fl 33432		
		City/State and Zip Code	
	DrEnnis@EnnisMD.com		
	E-mail address: (to be used for future annual	I report notification)
For further information	concerning this matter, please c	all:	
Scott Ennis			80-9545
Name	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		$\bigcup_{i=1}^{m} \omega_i$
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Divisio	ddress: ration Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ennis Investments HL459 LLC

(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L21000386615	Company were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Ennis Family Trust Investment Holdings LLC	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS) N/A
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registe
Name of New Registered Agent: N/A	7.0 7.0
New Registered Office Address:	Enter Florida street address $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
	Florida Zip Code

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	•1 -	Evpe of Action
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			 -	_ 🗆 Remove
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Note: 1	the date inserted in this block does not meet the applicable statutory filing requirements, this date will, not be listed,
docume	t's effective date on the Department of State's records.
ne reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m.¦on the earlier
The S	Oth day after the record is filed. $ ag{3}$
	に <u>データ</u> 四 3
Dated _	/18/2024
	(
	Signature of a member or authorized representative of a member [MANART]
	Lawrence S Ennis

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