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COVER LETTER

TO:

Registration Section
Division of Corporations

AMY SCHROER LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Amy and Jonathan Schroer Name of Person SCHROER ENTERPRISE LLC Firm/Company 26567 Deep Creek Blvd Address Punta Gorda FL 33983 City/State and Zip Code schrotownmagic@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Schroer Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. **=** \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMY SCHROER LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000156904	ω
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
SCHROER ENTERPRISE LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	433 Rheine Road
(Principal office address MUST BE A STREET ADDRESS)	Palm Bay, FL 32907
Enter new mailing address, if applicable:	26567 Deep Creek Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Punta Gorda, FL 33983
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	
TO IT TO STORE TO THE STORE ST	Enter Florida street address
	. Florida
	City 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	Type of Action
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			ПRеточе
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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 9 Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed	207 (3) as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea ord is filed.	rlier of: (b) The 90th day after th	he
Dated May 25.		

Filing Fee: \$25.00

Typed or printed name of signce