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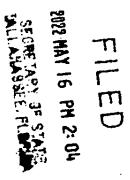
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COVER LETTER

Division of Corporations	
SUBJECT: Stonese Laurente L'Anne of Limited L'	the Enterprise LIC
The enclosed Articles of Amendment and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
Stanes	Name of Person
Stanesa	Firm/Company Enterprise
5628 NC APT. # A Lalbeloin	Herside Loop Destress H F10 33805
Ilmaslodue	y/State and Zip Code
For further information concerning this matter, please call:	
Komberly Johnson Name of Person	at TZ 410 12(c) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11

Stanese la	yne Enterprise IIC
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	ine Finterprise LK
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SLOZE Noterside Loop 1907-208 Lakeland, FI 33805
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new revistered
	Florida

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

Zip Code

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>	<u>Address</u>	Type of Action
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