P14000070429

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400264871124

10/31/14--01001--006 **60.00

2014 DCT 30 PH 1: 35

OND VERSION OF 130 HIGS AND THE STATE OF STATE O

FILED

14 OCT 30 PH 1: 04
SECHELARY OF STATE

(1RM) 10/30/14

11/211/ 71

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	IL ENTERPRISES OF FLORI	DY INC
DOCUMENT NUMBER: P4-6	000070429	
The enclosed Articles of Amendment ar	nd fee are submitted for filing.	
Please return all correspondence concert	ning this matter to the following:	
OHA	S LEE	
	Name of Contact Person	
		ASS 7
	Firm/ Company	200
11010	W NOBLE ST	SEVER WES
	Address	
LECAN	TO FL 34461	PH 1:04
	City/ State and Zip Code	
1 - (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PATE OF
E-mail addre	ess: (to be used for future annual report notification)	-
2 2	siss. (to be used for future diminal report nonnegation)	
For further information concerning this t	matter, please call:	
JOHN LEE	at (Se () ZZZ-9 Area Code & Daytime Teleph	199
Name of Contact Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for the following an	nount made payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Fil Certificate	•	itus
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	e

Articles of Amendment to Articles of Incorporation of

715	DUTERPRIS			100	····-	
(Name	e of Corporation as currently		rida Dept. of State)			
····	P14000070					
	(Document Number of	of Corporation (if k	nown)			
Pursuant to the provisits Articles of Incorpo	sions of section 607.1006, Flori oration:	da Statutes, this Fl	orida Profit Corporatio	on adopts the fol	lowing amendi	ment(s) t
A. If amending nam	ie, enter the new name of the	corporation:				
					The no	ew
"Corp.," "Inc.," or	guishable and contain the wo Co.," or the designation "Cor professional association," or th	p," "Inc," or "Co	". A professional cor			
	pal office address, if applicab ress <u>MUST BE A STREET AL</u>					
						
	ng address, if applicable:				··········	
(Mailing address	MAY BE A POST OFFICE B	' <u>OX</u>)			が	
				<u></u> -	<u> </u>	England,
D. If amending the	registered agent and/or regist	ered office addres	s in Florida, enter the	name of the	Fr. C. Pr.	m
	gent and/or the new registere					
Name of Nev	v Registered Agent	· · · · · · · · · · · · · · · · · · ·			STATE A	
		(Florida stree	address)			
Naw Pagisto	red Office Address:		Flo	mid a		
New Registe	rea Office Address.	(City)	, Flo	(Zip Cod	de)	
New Registered Age I hereby accept the a	nt's Signature, if changing Ropointment as registered agent	egistered Agent: I am familiar wi	h and accept the obliga	itions of the posi	ition.	
	Signature of	New Registered Ag	ent if changing			
	Signature Of I	cion regimeren rig	om, y changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Does PT as a Change, Mike Jones V as Pamoya, and Sally Smith SV as an Add

Mike Jones, V as Remove		orporation, Sally Smith is named the V and S. These sh ly Smith, SV as an Add.	rould be noted as John Doe PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	Address Address
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	YP	DANIEL HERRERA	SANLE
Remove			
2) Change	P	JOHN T LEE	1660 W NOBLE ST
Add Remove			LECANTO FL 34461
3) Change	51	JANDREA LEE	1660 M NOBLE &
Add Remove			LECANTO FL34461
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	SECOND SE
	7.7
	
	7.0
	20
	5
an amendment provides for an exchange, reclassification, or cancellation and in the same	on of issued shares,
(if not applicable, indicate N/A)	nament usen:
,	

The date of each amendment(s) adoption: 10-38-14 date this document was signed.	, if other than the
Effective date if applicable: 10-30-14 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement— must be separately provided for each voting group entitled to vote separately on the amendment(s):	14 OCT 30
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	PH 1: 05
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	7 5
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated O SO - 1	
Signature	
(By a director, president or other difficer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	,
DOWN T LEE	
(Typed or printed name of person signing)	
YEESI DENT	
(Title of person signing)	