

L100001771423

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407) 582-9830
Fax Number : (407) 294-7677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENZO CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 JUL 25 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 25 AM 8:06

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENZO CONSTRUCTION, LLC
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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinhelromaria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

Name of Person

at **407 582-9830**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ENZO CONSTRUCTION, LLC

*(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)*

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/15/2010 and assigned
Florida document number L10000074742

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6169 METROWEST BLVD APT 102

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

6169 METROWEST BLVD APT 102

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835

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:

6169 METROWEST BLVD APT 102

Enter Florida street address

ORLANDO

City

, Florida 32835

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMUEL ALEX GAMBLE	6169 METROWEST BLVD APT 102	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NEW ADDRESS:

TITLE MGRM: MATHEUS VASCONCELOS

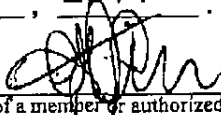
TITLE MGRM: JOSE R VASCONCELOS JR

6169 METROWEST BLVD APT 102

ORLANDO, FL 32835

E. Effective date, if other than the date of filing: 07/25/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 25, 2014



Signature of a member or authorized representative of a member

MATHEUS VASCONCELOS

Typed or printed name of signee

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TALLAHASSEE FLORIDA