#1200012749

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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K.SALY EXAMNER EXAMNER 28 2012

COVER LETTER

TO:	Registration Section Division of Corpo				
SHRJI	ECT:	ENCO H	OLDINGS, LLC.		
5000		Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please	return all correspond	lence concerning this matte	r to the following:		
		EN	IRIQUE COLMENARES	-	
			Name of Person		
			Firm/Company		
			298 W MCINTYRE		
		VE			
		NE	Y BISCAYNE FL 33149 City/State and Zip Code		
•		jcan E-mail address:	mpion@campionlaw.com	notification)	
For fur	ther information con	cerning this matter, please	call:		-
	JEFFRE'	Y E. CAMPION	at (_954_)	385-2355	, -
	Name of P	erson	Area Code & Da	ytime Telephone Number	
Enclos	ed is a check for the	following amount:			
\$25	5.00 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 Stosed) Certified Copy (additional copy	atus &
	Registrati Division P.O. Box	G ADDRESS: on Section of Corporations 6327 ec, FL 32314	STREET/COV Registration So Division of Co Clifton Buildir 2661 Executive	rporations ig	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ENCO HOLDINGS, LLC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ny were filed on	01/26/2012	and assigned
Florida document numberL12000012749			_
This amendment is submitted to amend the following:			•
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:	2216 Park A	venue	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach	n, FL 33139	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on <u>re</u> :	our records, <u>enter tl</u>	ie name of the nev
Name of New Registered Agent:			
New Registered Office Address:	-··- <u>-</u>		
	En	ter Florida street addr	ess
		, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Actio
			Add Remove
			_
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ∏Remove
ameno	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
ameno	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
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amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	- - -

Page 2 of 2

Filing Fee: \$25.00