Division of Corporati

UCCO 1374

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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ENCO HOLDINGS, LLC

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Corporate Filing Menu

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CORP USA

12/11/2015

BESEE BOOK HEET OF STORY OF THE

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COVER LETTER

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GUDIE		ENCO HOLDINGS, LLC Name of Limited Liability Company			
SUDJE	CI;				
The enc	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
			indence concerning this matter	<u>-</u>	
			ANDREA MARTINEZ		
				Name of Person	
			ENCOHOLDINGS, LLC		
	Firm/Company				
			2216PARK AVE		
				Address	
			MIAMI BEACH, FLORIE	DA, 33139	
				City/State and Zip Code	
			ANDREA@VINTROHOT		
				to be used for future unnual report not	Mcutiun)
For fort	dier in	formation co	oncerning this matter, please c	all:	
ANDREA MARTINEZ		305 674-9200			
	₩	Nume of	Person	at ()	ne Telephone Number
Enclose	ed is a	check for th	te following amount:		
≅ \$25	5.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling 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 Tullahussee, FL 32314		STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corporation Court of Tallahassee, FL 3:	on rations enter Circle		

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CORP USA

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December 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ENCO HOLDINGS, LLC

REF: L12000012749

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000293409 Letter Number: 315A000260B1

FECENCED

15 DEC 14 PM 12: 54

SECRETARIZES SATE
ALLAMASSE FLORIGE

P.O BOX 6327 - Tallahassee, Florida 32314

FILED 2015 DEC 11 AM 8: 54

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAMASSEE, FLORIDA

ENCOHOLDINGS, LLC		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	eurs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	01/26/2012 and assigned
Florida document number	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Illability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> BOX)</u>	
3. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	ENCOGP,INC	
New Registered Office Address:	2216PARK AVE	
	Enter F	torida street address
	MIAMI BEACH	, Florida <u>33139</u>
	City	Zin 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

Page 1 of 3

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
MGR	ENCOGP,INC.	2216 PARK AVE	≅ Add
		MIAMI BEACH, FL, 33139	□ Remove
			Change
MGR	ENRIQUECOLMENARES	2216 PARK AVE	
		MIAMI BEACH, FL 33139	■ Remove
			Change
MGR	ENRIQUEFERNANDEZ	2216 PARK AVE	
		MIAMI BEACH, FL 33139	_■ Remove
			☐ Change
			□ Remove
			Change
			□ Add
	÷		Remove
			Change
			C A'dd
			CI Remove

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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	<u> </u>
	(A)
E. 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 90 days after filing.) Pursuant to 605. Note: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3)(b) ad as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b). The 90th day after the record is filled.	r of:
Dated	
Signature of a member of authorized representative of a member	
ENRIQUE COLMENARES	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	

H1500093409