

L12000089027

(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:

JUL 02 2012

L. SELLERS

Office Use Only



100235684531

06/27/12--01013--029 **25.00

FILED
12 JUN 27 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ENR GROUP & INSURANCE SERVICES**

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:

EDDY RIARD

Name of Person

ENR GROUP FINANCIAL & INSURANCE SERVICES

Firm/Company

2481 N STATE RD 7

Address

LAUDERHILL FL 33313

City/State and Zip Code

info@enrgroupservices.com

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

For further information concerning this matter, please call:

Eddy Riard

Name of Person

at (**954**)

801 5414

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**

ENR GROUP & INSURANCE SERVICES 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 Company were filed on 05/01/2012 and assigned
Florida document number L12000059027.

This amendment is submitted to amend the following:

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

ENR GROUP FINANCIAL & INSURANCE SERVICES LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

City

FILED
12 JUN 27 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

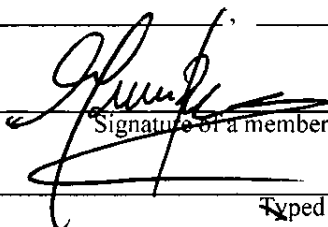
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDDY RIARD	2481 NORTH STATE RD 7 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EDDYSON RIARD	2481 NW 40TH AVE LAUDERHILL FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDDY RIARD	2481 NORTH STATE RD 7 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



 Signature of a member or authorized representative of a member

 EDDY RIARD

 Typed or printed name of signee