L12000177988

(Requestor's Name)	. •
(Address)	<u>.</u>
(Address)	
(City/State/Zip/Phone	(#)
PICK-UP WAIT	MAIL
(Business Entity Name	3)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
,	

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300238782073

08/27/12--01013--027 **43.75

12 SEP 10 PH 3: 54
SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE SEP 11 2012 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2012

JOHN B ALE BJ TAX SERVICES LLC 5701 SW 107 AVE SUITE 106 MIAMI, FL 33173

SUBJECT: CHEZ ENZO LLC Ref. Number: L12000077988

We have received your document for CHEZ ENZO LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00022073

COVER LETTER

TO:	Registration Se Division of Cor				·
SUBJE	ECT:	CHEZ	Z ENZO LLC		
00202		Name of Limi	ted Liability Company		_
		Amendment and fee(s) are sub indence concerning this matter	_		
			JOHN B ALE		
			Name of Person		_
		ВЈ	TAX SERVICES LLO		
Firm/Company					-
	5701 SW 107 AVE SUITE 106				
	Address				
MI		AMI, FLORIDA 3317	3	12 SEP SECRET ALLAHA	
		b	City/State and Zip Code		ASA - T
		E-mail address: (to be used for future annual repo	ort notification)	AND ILED O PH SEC.F
For fur	ther information c	oncerning this matter, please c	all:		
	JO	OHN B ALE	at (786)	953-5879	55 S
 	Name o	f Person		Daytime Telephone Num	ber
Enclos	ed is a check for the	ne following amount:			
	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certif nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/C	COURIER ADDRESS	:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EZ ENZO LLC				
(Name of the Limited Liability (A Florida)	Company as it now appear Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability C Florida document number L12000077988	Company were filed on	06/12/2012	and assign	ned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	ny," the designation "L	LC" or the abb	orevia	_ tion
Enter new principal offices address, if applicable:			⇒ o		_
(Principal office address MUST BE A STREET ADDR	(ESS)			200	
	<u></u>	· · · · · · · · · · · · · · · · · · ·	22.22	<u>ÇÜ</u>	
			ASS A	-0	
Enter new mailing address, if applicable:			Řζ	 	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		<u> </u>	
Maung unitess MAT BE AT OUT OF TICE BOX			====	വ ന	_
	 		<u> </u>	C.FI	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of	the 1	<u>aew</u>
Name of New Registered Agent:					_
New Registered Office Address:					
TION ALONGHOUS CAMES A REGIONS.	En	ter Florida street addi	ress		_
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CARLOS BLANCO	6955 SW 159 AVENUE MIAMI, FLORIDA 33193	Add Remove
			Add Remove
	Mg-44 (F. 1) - A (F. 1864)		Add Remove
·			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	12 SEP 10 PH 3: 55 SECRETARY OF S. SALLAHASSEE, FLORIDA
Dated	SEPTEMBER 04,	<u>2012</u> . Sandonal.	
	Signature of a mo		
		ARIA SANDOVAL - MGR Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00