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COVER LETTER

Division of Co	
SUBJECT: ENJASO	COLLC
	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	ENRIQUE HORACIO SCOTTO CUETO
	Name of Person
	ENJASCO LLC
	Firm/Company
	520 BRICKELL KEY DR. SUITE A619
	Address
	MIAMI - FL - 33131
	City/State and Zip Code
	enrique.scotto@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
ENRIQUE SCOT	TO CUETO 305 416 4300
Name	of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

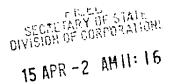
□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ENJASCO 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	y Company were filed on 04/24/2013	and assigned
Florida document number L13000059601		
This amendment is submitted to amend the following	Ż;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SCOTTO CUETO ENRIQU		□ Add
		520 BRICKELL KEY DR - SUITE A619	Remove
		MIAMI - FL - 33131	-
	•		
	<u> </u>		Add
			Remove
		□ Add	
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. II amiene	uing any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
•	interior statement
` <u>-</u>	OIVISION OF CONTOS ATIONS
	01/12/01/2
	01VISION OF CONTOLISM 15 APR -2 ANTI: 16
Fffective	e date, if other than the date of filing:(optional)
(The effecti	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	his document is filed by the Florida Department of State)
N	fiami Florida - 03/11/2015
Dated	
	Omy Sco hugh
	Signature of a member of authorized representative of a member
	/
	ENRIQUE HORACIO SCOTTO CUETO

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Filing Fee: \$25.00