# 43000113799

(Re	questor's Name)		
(Add	dress)		
(Add	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
- (Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

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### **COVER LETTER**

10:	Division of	Corporations		*
	Encar, I	ıc	`'₹₽	
SUBJE			to definition Communication	
		name of Lim	ited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corre	spondence concerning this matter	to the following:	
		Colon Zamora		
			Name of Person	
		Zamora Professional Servi	ices, LLC	
			Firm/Company	
		PO Box 669213		
			Address	
		Doral, FL 33166		
			City/State and Zip Code	TO A TO THE STATE OF THE STATE
		colonzamora@gmail.com		
			to be used for future annual report notif	ication)
For furt	her informatio	on concerning this matter, please ca	all:	
Colon 2	Zamora		305 7789335 at ()	
	Nam	ne of Person	Area Code Daytime	e Telephone Number
Enclose	d is a check fo	or 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 enclose

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

Encar, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000113799	y Company were filed on 8/12/2013	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I.	.imited 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 AD	DRESS)	
		4.50
Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE BOX)		5 SET
B. 16		Si 5
B. If amending the registered agent and/or requestered agent and/or the new registered office ac	gistered office address on our records, <u>ente</u> <u>ddress here</u> :	r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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 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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGR	Roxana Escobar	1201 Raven Ave	□ Add
		Miami Springs, FL 33166	■ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change  Change  Change
			☐ Change
			□ Add
			□ Remove
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**************************************		- V MARK NA	Add
		Ren	Remove
			☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00