14000094165

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<u>*n</u>
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PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Name	=
	ocument Number)	
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co					
CONFIG	ENTERPRISES, LLC				
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	RENEE ROSARIO				
	RCR CONSULTING GRO	Name of Person			
		Firm/Company			
	887 SR 436				
	CASSELBERRY	Address			
	rence.rosario@americantax	City/State and Zip Code payroll.com			
	E-mail address: (to be used for future annual report notific	cation)		
For further information	concerning this matter, please c	all:			
RENEE ROSARIO		407 767-1647 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 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

FILED

CONFIO ENTERPRISES, LLC

2018 OCT 15 PM 3:53

(Name of the Limited Liability Company as it now appears on our reserves of the STATE (A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on and assigned	
Florida document number L14000094165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" or the abbreviation "LLC"	
•	5225 WATERSIDE VISTA LN	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD	
	FLORIDA, 34771-7801	
Enter new mailing address, if applicable:	5225 WATERSIDE VISTA LN	
(Mailing address MAY BE A POST OFFICE BOX)	SAINT CLOUD	
-	FLORIDA, 34771-7801	
registered agent and/or the new registered office address her Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	, Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Cha	nging Registered Agent, Signature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	Add
			☐ Remove
			□ Change
			
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			Change
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Ti tice 4	
(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTOBER, 11 2018
	Signature of a member or authorized representative of a member
	FLORENCIO RODRIGUEZ

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00