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COVER LETTER

	on Section Corporations		
Adzi SUBJECT:	a Enterprises LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.		
Please return all co	respondence concerning this matter to the following:		
	Allan G. Adzima, JR.		
	Name of Person		
	Adzima Enterprises LLC		
	Firm/Company		
	8 S Osceola Ave #2208		
	Address		
	Orlando, FL 32801		
	City/State and Zip Code		
	AllanAdzima@gmail.com		
	E-mail address: (to be used for future annual report notification)	<u>s</u> 23	
For further inform	ion concerning this matter, please call:	2015 AUG Seoret	
Allan Adzima	727 215-8294	U6 12	71
	ame of Person Area Code Daytime Telephone Number	FIS 3D #	TI U
Enclosed is a chec	for the following amount:	H ω	
\$25.00 Filing	ce \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee & } \Bigcup	ng Fee, of Status &	

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

Adzima Enterprises LLC (Name of the Limi	ted Liability Compa	ny as it now appears on our i	records.)
The Articles of Organization for this Limited 1	(A Florida Limited)		and assigned
Torida document number L14000194862	·		
his amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi		"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		8 S Osceola Ave #2208	
Principal office address MUST BE A STREI	ET ADDRESS)	Orlando FL 32801	and assigned and assigned
			5 5
nter new mailing address, if applicable:		8 S Osceola Ave #2208	SE 2
Mailing address MAY BE A POST OFFICE	BOX)	Orlando, FL 32801	
			OR F:
			4.25 1.1
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:			cords, <u>enter the name of th</u>
	9.6. Onesale A-	#3309	
New Registered Office Address:	8 S Osceola Av		address
	Orlando		
		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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
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ective date, if other than the date of fili	ing:August 10. 2015		(optiona	l)	
effective date is listed, the date must be specific a e: If the date inserted in this block does no	and cannot be prior to da t meet the applicable:	e of filing or more than 90	davs after filir	ig.) Pursuar	nt to 605.020 be listed a
ument's effective date on the Department of	f State's records.				
ecord specifies a delayed effective	a date hut not an	affective time at	17·N1 = m	on the	earlier o
ne 90th day after the record is filed	d.	enecave ane, ac	12.01 0.11	. On the	Carner C
August 10	2015				
ed August 10	_, <u>/</u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00