L16000023571

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Enjoy Mana	gement & Investments LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Fabio				
			Name of Person		-	
		Figueiredo				
7739 Tu:			Firm/Company		-	
		7739 Turkey Lake Rd Address				
					_	
		Orlando, FL, 32819				
		City/State and Zip Code			-	
		fabio@enjoysnackbar.com				
For further in	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual reporall:	t notification)	225	77
Hicham E. F	`ilali		407 378-654 at ()	48		
	Name of	f Person		aytime Telephone Numbe		
Enclosed is a	a check for th	e following amount:			F: 35	
■ \$25.00 F	iling Fee	☐ \$30.00 Filling Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 F Certifica Certified	iling Fee, ate of Status &	
				•		

MAILING ADDRESS:

TO:

Registration Section

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

Enjoy Management & Investments LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000023571		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
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		TASS THE TABLE OF THE PARTY OF
Name of New Registered Agent:		THE D
New Registered Office Address:	Enter Florida street address	FEET 3
	•	gri on .
· <u> </u>	, Florid:	a 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marla De Andrade Debrassi	7739 Turkey Lake Rd	 Add
		Orlando, FL, 32819	□ Remove
		Change	
		Add	
			□ Remove
			□ Change
			Remove
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			Remove SECRETARY 19 Add Add
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ocument's effective date on the Department of S		
e record specifies a delayed effective d The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the	e earlier
ated 05/25/2016	,	_ ,
Thu da	d Jac	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00