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COVER LETTER

Division of Cor			
SUBJECT:E	nza <u>Investm</u> Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ISMAI	L EKDOGAN Name of Person	
		Firm/Company	
	1897 Pa	Im Beach Lat	res Blud, ste218
	West Palm aslierd E-mail address:	Seach, FL 3 City/State and Zip Code O gan apple 6 to be yield for future admuss report notifi	gmail, com
For further information c	oncerning this matter, please ca	all:	
ISMAIL Name o	ERDO GAN	at (561) 246 Area Code Daytimo	OO24 : Telephone Number
Enclosed is a check for the	ne 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 enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Enza Invest	ments LLC
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000 29597	were filed on $\frac{2/10/2016}{}$ and assigned
This amendment is submitted to amend the following:	5
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	1897 Palm Beach Lakes Blud
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1897 Palm Beach Lakes Blvd Ste 218 West Palm Beach, FL 33409
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	ffice address on our records, enter the name of the new e:
Name of New Registered Agent: 15A	NAIL ERDOGAN
New Registered Office Address: 189 1	Palm Beach Lakes Blvd, Ste 218
Westi	Palm Brach Florida 33409 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>

If Changing Registered Agent, Signature of New 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.

	Authorized Person(s) authorized to man	age, enter the title, name, and address of each	person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Bugra Toplusoy		
0			Change
AMBK	ISMAIL ERDOGAN		Ndd
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_ Change

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
the record) The 90	i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	ISMAIL ERDOGAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00