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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	ENRIDAN L			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspon	dence concerning this matter	to the following:	
		ENRICO HERNANDEZ		
			Name of Person	
		ENRIDAN LLC		
			Firm/Company	
		5998 SW 46 TER		
			Address	
		MIAMI, FL 33155		
			City/State and Zip Code	
		ENRIDAN@ENRIDAN.CO		
		E-mail address: ()	to be used for future annual report noti	fication)
For further i	information co	ncerning this matter, please ca	all:	
ENRICO H	ERNANDEZ		305 766 1743	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for 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 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

ENRIDAN LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) Dany)
The Articles of Organization for this Limited I Florida document number L16000037852	Liability Company were filed c	on FEB.23, 2016 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	,Ac
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and		SS on our records, enter the name of the n
registered agent and/or the new registered of		<u> </u>
Name of New Registered Agent:	KARLA ROMERO DE PA	Z
New Registered Office Address:	5998 SW 46 TER	
-	Ent	er Florida street address
	MIAMI	Florida 33155
	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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	KARLA ROMERO DE PAZ	5998 SW 46 TER	
		MIAMI, FL 33155	□ Remove
			□ Change
MGR	TATIANA HERNANDEZ	1 RIPLEY AVE, SUITE 401	
		TORONTO, ON M6S 4Z6	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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e record specifies a delayed effec	tive date, but	not an effe	ctive time, at	12:01 a.n	n, on the	e earli	ier o
The 90th day after the record is	filed.						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00