## L160000089816

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## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations		
NICK DISP SUBJECT:	ENZA JR, LLC		
<del></del>	Name of Lir	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	TAYLOR N FRENCH		
		Name of Person	
		Firm/Company	
	194 AZALEA GARDEN	WAY	
		Address	
	MEMPHIS, TN 38111		
	NICK@NICKFRENCH.CO		
		to be used for future annual report notifi-	cation)
For further information cor	accrning this matter, please ca	all:	
TAYLOR N FRENCH		901 356-2810	
Name of I	Person		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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICK DISPENZA JR, LLC		
(Name of the Limited Liabil (A Flond	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 05/06/2016	and assigned
Florida document number L16000089816		tale assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		re3.
		0
<ol> <li>If amending the registered agent and/or regis egistered agent and/or the new registered office add</li> </ol>	stered office address on our records,	enter the name of the
season and of the new registered office add	ress nere:	A
N 5N 5		Çņ
Name of New Registered Agent:		
New Registered Office Address:		ري
	Enter Florida street address	
<del></del>	, Floric	ia
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TAYLOR N FRENCH	5411 BAYVIEW DRIVE	
		FORT LAUDERDALE, FL 33308	
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			Co □ Remo <del>ye</del>
			Change
			Remove
			Change
<del></del>			Add
			Remove
			☐ Change

Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated    December   Decembe	. If amending any other information, enter change(s) here: (Attach a	additional sneets, if necessary.)
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	TAYLOR N FRENCH	

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Filing Fee: \$25.00