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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

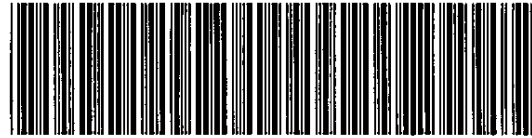
(Business Entity Name)

(Document Number)

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SEP 20 10 20
STATE
TALLAHASSEE, FLORIDA

SEP 21 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENZO PARTNERS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario Garcia

Name of Person

WWTS LLC

Firm/Company

848 Brickell Ave Suite 1130

Address

Miami, FL 33129

City/State and Zip Code

mgarcia@synnergi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Garcia

Name of Person

at (786)

Area Code

7637487

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Enzo Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/26/2016 and assigned Florida document number L16000103010.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

848 Brickell Ave

Suite 1130

Miami, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

848 Brickell Ave

Suite 1130

Miami, FL 33129

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WWTS LLC

New Registered Office Address:

848 Brickell Ave, Suite 1130

Enter Florida street address

Miami

Florida

33129

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Mario Garcia</u>	<u>1311 sw 4th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL</u>	<input type="checkbox"/> Remove
		<u>33315</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Roberto Cuadrado</u>	<u>848 Brickell Ave, Suite 1130</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL</u>	<input type="checkbox"/> Remove
		<u>33129</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SLIP IN
MAIL ROOM
05 SEP 2000 PM 2:25
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 1st 2016

Signature of a member or authorized representative of a member

Mario Garcia

Typed or printed name of signee

15 SEP 20 HH:2:20
SEATTLE
TALLAHASSEE
TALLAHASSEE