## L17000083450

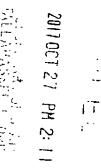
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entity Maine)                 |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

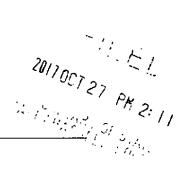
| Division of Cor             |   |   |   |
|-----------------------------|---|---|---|
| EN77 L<br>SUBJECT:          | LC  |   |   |
| SUBJECT:                    | Name of Limi                              | ited Liability Company  |   |
| The enclosed Articles of    | Amendment and fee(s) are sub              | mitted for filing.  |   |
| Please return all correspo  | ndence concerning this matter             | to the following:   |   |
|                             | PATRICK SMITH                             |   |   |
|                             |   | Name of Person  |   |
|                             | EN77 LLC                                  |   |   |
|                             | · · · · · · · · · · · · · · · · · · ·     | Firm/Company  |   |
|                             | 6555 GARDEN ROAD, S                       | UITE 5  |   |
|                             |   | Address   |   |
|                             | RIVIERA BEACH, FL 33                      | 404   |   |
|                             | ps@en77.com                               | City/State and Zip Code   |   |
|                             |   | to be used for future annual report notifi                          | cation)   |
| For further information c   | oncerning this matter, please ca          | all:  |   |
| PATRICK SMITH               |   | 561 844-3100  |   |
| Name o                      | f Person                                  | at () Area Code Daytime   | Telephone Number  |
| Enclosed is a check for the | ne following amount:                      |   |   |
| ■ \$25.00 Filing Fee        | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



EN77 LLC

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

| The tituetes of organization for this islanted islant.     | lity Company were filed on  |  | and assigned   |
|--|---|--|--|
| Florida document number L17000083450                       | <del></del> .   |  |  |
| This amendment is submitted to amend the followi           | ng:   |  |  |
| A. If amending name, enter the new name of the             | e limited liability company   | y here:  |  |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," th   | he designation "LLC" or th   | abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable         | e:  | -  |  |
| (Principal office address MUST BE A STREET A               | 1DDRESS)  | _  |  |
|  | <del></del> -   |  |  |
|  |   |  |  |
| Enter new mailing address, if applicable:                  |   |  |  |
| (Mailing address MAY BE A POST OFFICE BO                   | <u>X)</u>   | <del>-</del>   |  |
|  | <u> </u>  |  |  |
| B. If amending the registered agent and/or                 | registered office address   | on our records, ent  | er the name of the new   |
| registered agent and/or the new registered office          |   |  |  |
|  |   |  |  |
| Name of New Registered Agent:                              |   |  |  |
| ivame of New Negistered Agent.                             |   |  |  |
| New Registered Office Address:                             | Form  | Dail made bloom  |  |
| •  | Enter   | Florida street address   |  |
| •  | Enter .   |  | Ziv Code   |
| New Registered Office Address:                             | City  | Florida street address<br>, Florida  | Zip Code   |
| •  | City istered Agent: Igent and agree to act in the and complete performance red agent as provided for i istered office address. I he | , Florida<br>his capacity. 1 further<br>tof my duties, and 1 a<br>in Chapter 605, F.S. ( | agree to comply with the<br>m familiar with and<br>Or, if this document is |

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 |
|--------------|----------------------|---------------------------|----------------|
| MBR          | GENTILE, JOSE RAFAEL | 6555 GARDEN ROAD, SUITE 5 |                |
|              |                      | RIVIERA BEACH, FL 33404   | ■ Remove       |
|              |                      |                           | Change         |
|              |                      |                           | Add            |
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| fecti   | date, if other than the date of filing: (optional)  |
| ın effe | ve 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 605.03                                       |
|         | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records. |
|         |   |
| rac     | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier   |
|         | Oth day after the record is filed.  |
|         |   |
| atad    | 18th of October $\frac{2017}{}$   |
| ated _  |   |
|         | / · · · · · · · · · · · · · · · · · · ·   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00