

47000161997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

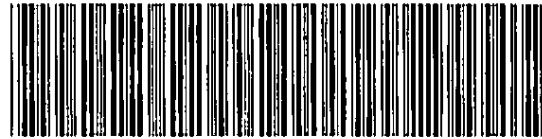
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
10/11/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2017

JULIETTE SALLOUM
4324 NW 9TH AVE, BUILDING 5, 1F
DEERFIELD BEACH, FL 33064 US

SUBJECT: ENTERPRISE PROCESS SOLUTIONS LLC
Ref. Number: L17000161997

We have received your document for ENTERPRISE PROCESS SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 417A00019385

2017 OCT 10 PM 1:31

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENTERPRISE PROCESS SOLUTIONS 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:

JULIETTE SALLOUM

Name of Person

ENTERPRISE PORCESS SOLUTIONS LLC

Firm/Company

4324 NW 9TH AVE, BUILDING 5, 1F

Address

DEERFIELD BEACH 33064

City/State and Zip Code

juliettesalloum@gmail.com

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

For further information concerning this matter, please call:

JULIETTE SALLOUM 786 4797785
Name of Person at () Area Code Daytime 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**

ENTERPRISE PROCESS SOLUTIONS 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 07/31/17 and assigned
Florida document number L17000161997.

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)

4324 NW 9TH AVE, BUILDING 5, 1F

DEERFIELD BEACH 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

JULIETTE SALLOUM

New Registered Office Address:

4324 NW 9TH AVE, BUILDING 5, 1F

Enter Florida street address

DEERFIELD BEACH

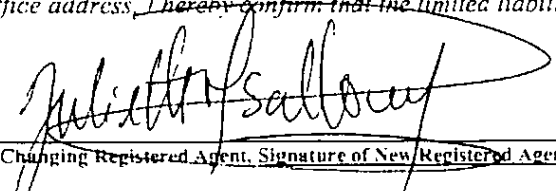
Florida 33064

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>
MGR	JULIETTE SALLOUM	4324 NW 9TH AV	<input type="checkbox"/> Add
		BUILDING 5, 1F	<input type="checkbox"/> Remove
		DEERFIELD BEACH 33064	<input checked="" type="checkbox"/> Change
MGR	PARTIDAS, JEANETTE	CALLE CORCEGA BAJO 3A	<input type="checkbox"/> Add
		TORREVIEJA ALICANTE	<input checked="" type="checkbox"/> Remove
		SPAIN	<input type="checkbox"/> Change
MGR	SALLOUM, JOSIE	CALLE CORCEGA BAJO 3A, TO	<input type="checkbox"/> Add
		TORREVIEJA ALICANTE	<input checked="" type="checkbox"/> Remove
		SPAIN	<input type="checkbox"/> Change
MGR	SALLOUM, JEANNETTE	CALLE CORCEGA BAJO 3A, TO	<input type="checkbox"/> Add
		TORREVIEJA ALICANTE	<input checked="" type="checkbox"/> Remove
		SPAIN	<input type="checkbox"/> Change
MGR	SALLOUM, JOANNE	CALLE CORCEGA BAJO 3A, TO	<input type="checkbox"/> Add
		TORREVIEJA ALICANTE	<input checked="" type="checkbox"/> Remove
		SPAIN	<input type="checkbox"/> Change
	SALLOUM, JOANNE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA


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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.

Dated DEERFIELD BEACH 09/12/2017

ERFIELD BEACH 09/12/2017



Signature of a member, or authorized representative of a member

JULIETTE SALLOUM

Typed or printed name of signer