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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
NORMAN	'S CAY, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lawrence Scott Ennis		
	Particles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: Lawrence Scott Ennis		
		Firm/Company	Code Solution Sol
	Norman's Cay, LLC. Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Preturn all correspondence concerning this matter to the following: Lawrence Scott Ennis Name of Person Firm/Company 233 South Federal Hwy Suite 110 Address Boca Raton, F1, 33432 City/Ntate and Zip Code drennis@ennismd.com E-mail address: (to be used for future annual report notification) In their information concerning this matter, please call: In the concerning this matter, please call: In the concerning this matter of Person Area Code Daytime Telephone Number Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certificate of Status Street Address: Registration Section Registration Section		
		Address	
Norman of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lawrence Scott Ennis Name of Person Firm/Company 233 South Federal Hwy Suite 110 Address Boca Raton. Fl. 33432 City/Nata and Zip Code drennis@ennismd.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lawrence Scott Ennis Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Auditional copy is enclosed Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
		City/State and Zip Code	
	=		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Lawrence Scott Ennis		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	•		•
,			-

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF ARTICLES OF AMENDMENT

NODALSHE CSV 11C

NORMAN'S CAT, LLC.		• •		
(Name of the Limite	ed Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	· · ·	
he Articles of Organization for this Limited Li lorida document number <u>L17000164998</u>			and assigned	
his amendment is submitted to amend the follo	owing:			
If amending name, enter the new name of	the limited liab	ility company here:		
Ennis Global LLC				
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
inter new principal offices address, if application	able:	233 South Federal Hwy, Suite 110		
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, Fl 33432		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		233 South Federal Hwy. Suite 110 Boca Raton, Fl 33432		
3. If amending the registered agent and/or regent and/or the new registered office addres	~	address on our records, <u>enter the</u>	name of the new regis	
Name of New Registered Agent:	Lawrence Scot	t Ennis		
Name of New Registered Agent:		•		
Name of New Registered Agent: New Registered Office Address:		eral Hwy Suite 110 Enter Florida street address		
		eral Hwy Suite 110	la 33432	

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
MGR	Donna S Ennis	233 South Federal Hwy Suite 110	= Add
		Boca Raton, Fl 33432	□Remove
			□Change
MGR	Lawrence Scott Ennis	233 South Federal Hwy Suite 110	□Add
		Boca Raton, Fl 33432	□Remove
			■ Change
MGR	Lawrence Shepherd Ennis	233 South Federal Hwy Suite 110	= Add
		Boca Raton, Fl 33432	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		•	□Change
			□Add
			□Remove
			□ Change

Page 2 of 3

E. Effective date, if other than the date of filing: 10/19/2023 (optional) (If an effective date is isked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 (b). The 90th day after the record is filed.								
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Dated 10/19 . 2023				re, but not an	effective time	, at 12:01 a.m	o. on the earlier	of:
	Dated 10/19		<u> </u>	2023				
Signature of a member or authorized representative of a member			ignature of a men	mber or authorized	representative of a	member		

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Typed or printed name of signee

Filing Fee: \$25.00