L18000027617

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TÄLLAHASSEE, FLURIUM

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COVER LETTER

Registration Section TO: **Division of Corporations Enoc Siding LLC** SUBJECT: 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: Stacy Bouziane Name of Person Tax For Jax LLC Firm/Company 2159 St Johns Bluff Road S Suite 1 Address Jacksonville, FL 32246 City/State and Zip Code stacytax@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stacy Bouziane 904 503-0243 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enoc Siding LLC			
(Name of the Limited Liab	ility Company as is	now appears on our records.)	
(A Flor	ida Limited Liability	now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability	Company were	filed on 01/03/2018	and assigned
Florida document number L18000027617	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability c	ompany here:	
The new name must be distinguishable and contain the words "L	imited Liability Cor	npany," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		18 4 VLL 9ECI
			NAR
			ASS SS
			P P P P P P P P P P P P P P P P P P P
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
		1	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	•	Enter Florida street address , Florida	
	C	ity	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete perfo agent as provia red office addre	rmance of my duties, and I am f led for in Chapter 605, F.S. Or,	amiliar with and if this document is
	If Changing H	egistered Agent, Signature of New Re	gistered Agent

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or remoyed	g Authorized Person(s) authorized to raise from our records:	•	
MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Enoc Rosa Almanzar	4446 Melvin Circle West	Add
		Jacksonville, FL 32210	☐ Remove
			Add
			Remove
			☐ Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
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above. Almanzar			
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 Effective date, if other than the (If an effective date is listed, the date must 		date of illing or more than 90 days after filling	
	ock does not meet the applicab	le statutory filing requirements, this da	
discurrent seriective date on the p	epartment of State's records.		
the record specifies a delayed	d effective date, but not	an effective time, at 12:01 a.m	on the earlier of:
) The 90th day after the rec			
March 13	2018		
Dated March 13	,		
一	Signature of a member or authori		
	Signature of a member or authori	zed representative of a member	
Enoc Rosa Almanzar			
	Typed or printed		

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Filing Fee: \$25.00