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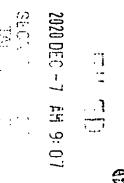
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2A: 1/20/21

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: EN	Ohi Autu Name of Limi	ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Natasi	1a Jones Name of Person	
	Endhi	Duture Sol	ruby LC
	2413 Mair	V Street #12	3
	Hiramai	F F 33005 - City/State and Zip Code	- 7801
	(US) E-mail address: (t	o be used for future annual report notif	CSMUMS COM
or further information of	oncerning this matter, please ca	dl:	. (
<u>Llatas</u>	Ma Jones	at (754) <u>OG</u> Area Code Daytime	c Telephone Number
losed is a check for t	he 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 Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enoui Conture Sorups, LLC

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000135</u> This amendment is submitted to amend the following:	where filed on $5/31/30/8$ and assigned
_	- EB B 1
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:
he new name must be distinguishable and contain the words "Limited Liab	ility 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)	24/3 Hain Street # 123 Hiramar, Fl 33/25-78/89
iter new mailing address, if applicable: 'ailing address MAY BE A POST OFFICE BOX')	2413 Hain Street #123 Hiramar, F1 33025-7809
If amending the registered agent and/or registered office at and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 2413	Enter Florida street address
Hira	Mar

egistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'led to merely reflect a change in the registered office address, I hereby confirm that the limited liability y has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Title Address** 8413 Hain Street #123 DANG Latury utres Hiramarg FL 33025-7809 _ Change □Remove __ Change □Remove _____ □Change □Add _____ □Change _____ □ Add □Remove

_____ Change

amenomy ar	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
7	
	
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an effective date ote: If the dat	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed active date on the Department of State's records.
cord specifie s filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
·d//	129 2020
	Signature of a member or authorized representative of a member
	1 10-table 11 Jones