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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Enough Enterprises Name of Limited L | iability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and | fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | following: |
| James Sattler Name of Person | |
| Enough Enterprises, LLC | |
| 2805 E. Oakland Pls Blvd, Box 381 Address | 123 SEP -5 |
| Fort Landerdale, FL 33306 City/State and Zip Code | — |
| JMS. Sattler @ gmail. Com E-mail address: (to be used for future annual report notif | ication) |
| For further information concerning this matter, please call: | |
| James Saffler at (954) Name of Person | Area Code & Daytime Telephone Number |
| 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 |
| Enclosed is a check for the following amount: | |
| □ \$25 Filing Fee | 55 Filing Fee & Certified Copy |

INHS18 (2/14)



August 16, 2023

LEIGH ORLOV 2805 E OAKLAND PARK BLVD #381 FT LAUDERDALE, FL 33306

SUBJECT: ENOUGH ENTERPRISES LLC

Ref. Number: L18000154398

We have received your document for ENOUGH ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

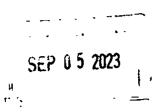
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 023A00018881



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| | , | 5 5 | 33 3 | | • |
|---|--|---|---|---|--|
| l. Na | ame of the limited liability company: _ | Enough | Enterpri. | ses, LLC | |
| 2. (a) | Principal office address of limited liab (Note: MUST BE STREET AL 2805 E Oakland Pk Fort Landerdale, FL | | | ling address of limited liab Note: MAY BE POST OF Dalcand P Ider dale F | • • • |
| 3. 5. (a) | Date of filing/registration in United States Corpor Registered Agent and Registered Office show | ation Age | nts, Inc. | 18000159 ocument number | 1398 |
| (b) | Registered Office Address (MUST BE FL. 476 River Side Jack Sanville James Sattled Enter name of NEW Registered Agent and/o 2805 E. Oakland Pk. NEW Registered Office Address: | | 32202 | | 7023 SEP -5 PM 3: 50 |
| | Fort Lauderda | le ,FL_ | 33306 | | |
| change agent v was/we the arti l here brovist the obli to mere | imited liability company is not organize or changes are made, the Florida street will be identical. Or, in the case of a Fere authorized by an affirmative vote of icles of organization or the operating a fure of a member of authorized representative of the appointment as registered of all statutes relative to the property of the pro | et address of the reg forida limited liabil f the members of the greement of the lim | istered office and the sty company, it is he is limited liability compaited liability compand of the liability company of the liability of the | ne business office of tereby confirmed that to ompany or as otherwiny. Messon Saffe Ginted or typed name of signification. | he registered the change(s) se provided in |
| Signatu | man Sauler ire of Registered Agent | | | | |