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Division of Corporations

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From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I20040000083 Phone : (954)474-8000 Fax Number : (954)474-9850

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ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ENCLAVE 12, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enclave 12, LLC			
(Name of the Umited	Liability Company Florida Limited Lia	y as it now appears on our solity Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L19000083313	ility Company w	vere filed on 3/26/2019	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of t	<u>se limited liabili</u>	ity company here:	
The new name must be distinguishable and contain the wor	Is "Limited Liability	y Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>9X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered offi e address here:	ice address on our r	ecords, enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida stree	of address
		Enter Pionisa stree	
		Ciry	, Florida 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

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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>	Name Milic Novovic	Address 5531 N. University Drive, #103	Type of Action
MGRM		Coral Springs, FL 33067	
			Remove
			Change
MGR	Milic Novovic	5531 N. University Drive, #103 Coral Springs, FL 33067	
			□ Remove
			☐ Change
MGR	Tony Bajaj	6825 W. Sunrise Blvd. Plantation, FL 33313	
			□ Remove
			Change
			Add
			П Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

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amending any oth	er information, enter	change(s) here: (Attach additional s	heets, if necessary.,	
					
					
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lote: If the date inser	er than the date of fill if, the date must be specific a ted in this block does not late on the Department of	t meet the applicable	late of filing or more that e statutory filing requ	(optional) in 90 days after filing.) irrements, this date v	Pursuant to 605.020 rill not be listed as
e record specifies The 90th day af	a delayed effective er the record is filed	e date, but not a d.	n effective time,	at 12:01 a.m. o	n the earlier o
Pated April 12		2019			
	Signature of	a member or authoriz	ed representative of a n	nember	
	-				

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