

12/13/22, 12:59 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**LH000119448**

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(((H22000419070 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Number : I20200000121  
Phone : (770)928-2700  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ENGERSEN LLC

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**ENGERSEN LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 5th, 2019 and assigned Florida document number 119000119448.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4855 W HILLSBORO BLVD B3

(Principal office address MUST BE A STREET ADDRESS)

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

4855 W HILLSBORO BLVD B3

(Mailing address MAY BE A POST OFFICE BOX)

COCONUT CREEK, FL 33073

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDLEY BOUTANEGRAS - FLENER JANET ELVIRA	8420 BYRON AVENUE 6	<input type="checkbox"/> Add
		MIAMI, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZEN ECKELL, RODOLFO	4855 W HILLSBORO BLVD B3	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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