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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nar	me)
	·	
(D	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>E</u>	4 N Propert	Management of Management of Management	LC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Edwin	Santiago Name of Person	
		Firm/Company	
	647 C	Address Address Ace Address City/State and Zip Code AGO EDDIE 10	
	Sanford), FL 32771	
	SANTI	City/State and Zip Code PGO EDDIE 10	RGMATC. COM
	rman address. ()	to be used for future annual report florit	ication)
	ncerning this matter, please co	all:at (<u>407</u>)BOC	6008
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	•		
\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E+N Property	Mangement	<u> </u>
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reco liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L 19000143889}{}$.	were filed on $5/30$	a019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LI	C" or the abbreviation "L. I. C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		20196
(Mailing address MAY BE A POST OFFICE BOX)		77
		1 1000
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the nev
Name of New Registered Agent:		-
New Registered Office Address:	Inter Florida street addi	
	1	Florida
	Сиу	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

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 Type of Action Title Name Address Edwin L. Santiago 647 Charrice Place DANG AMBR Sanford, FL 32771 _ Change Nayda Cruz AMBR 647 Chairice Place DAdd Sanford, Fl 32771 _ Change □ Add ☐ Remove ☐ Change Leavin Santiago 647 Charrice Place DAdd ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

-	
-	There should be three people on this
-	LLC and they are all AMBR.
_	- Edwin Santiago
	- Nayda Cruz - Edwin L. Santiago
	- Edwin L. Santiago
-	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/1/19 Wignature of a member or authorized representative of a member
	Edwin Santiago Typed or printed named signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00