## 119000235652

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ENNAR LL	-C
	imited Liability Company
Dear Sir or Madam:	
The analoged Purietared Apant/Pagintured Office Ch.	
The enclosed Registered Agent/Registered Office Cha	inge and ree(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Roma DAMICETTY	
RAMA DAMISETTY  Name of Person	<del></del>
Name of Person	
ENNAR LLC	
Firm/Company	<del></del>
orana ali and i	
9877 NW 2nd ct,	
Address	
Plantation, FL, 3332L	1
City/State and Zip Code	(OM
ENNARLLE GMABL. CO	M, ENNARLLE @ GMAIL. COM
E-mail address: (to be used for future annual rep-	ort notification)
For further information concerning this matter, please	call:
RAMA DAMISETTY at (	631, 413 6481
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	1 ananassee, FL 32393
Enclosed is a check for the following amoun	ıt:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

Name of the limited liability company:	ENNAR LLC
2. (a) 9877 NW 2nd Ct	(b) 9877 NW 2nd Ct
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Plantation, FL -33324	Plantation, FL-33324
9/18/2019	L19000235652
3. Date of filing/registration in Florida	4. Document number
5. (a) UNITED STATES CORPORATION Registered Agent and Registered Office shown on the records of th  5575 S. SEMBRAN BLUD, Registered Office Address MUST BE FLORIDA STREET AS  SOITE 36  ORLANDO FL  (b) RAMA DAMISETTY  Enter name of NEW Registered Agent and/or NEW Registered Continued Co	DDRESS)  32822
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	s of the State of Florida, it is hereby confirmed that after the egistered office and the business office of the registered polity company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been

Signature of Registered Ag