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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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R. HUNT 04/10/23

COVER LETTER

TO: Registration S Division of Co			<i>*</i>
EN PIGEC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing	
	ondence concerning this matter	<u> </u>	
	KERRY E. ROSENTHAI	., ESQ.	
		Name of Person	
	ROSENTHAL ROSENTE	HAL RASCO LLC	
		Firm/Company	
	20900 N.E. 30th AVENU	E. SUITE 600	2023 10 PH to 1
	<u></u>	Address	
	AVENTURA, FL 33180		-: -:
	NAKHAMKIN@OUTLOG	City/State and Zip Code DK.COM	
	E-mail address:	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
ELAINE M. HING		305 937-0300 EXT 236	
Name o	f Person	Area Code Daytime Telephone No	umber
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, rificate of Status & tified Copy itional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C P.O. Box 632	orporations	Division of Corporations	
Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EN PIGEON, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	i <mark>ny as it now appears on our record</mark> Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}19000269959}{\text{L}}$.	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	O" or the abbreviation %L.L.C."
Enter new principal offices address, if applicable:		دے
Principal office address MUST BE A STREET ADDRESS)		# <u>#</u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		(7) (J)
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	55
	121	louido
	, F1	lorida

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 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

Title	Name	Address	Type of Action
MGR	SVETLANA NAKHAMKIN	3343 PORT ROYALE DR. S. UNIT 101	= Add
		FORT LAUDERDALE, FL 33308	□Remove
		 	□Change
			□Add
			□Remove
			Change
			[Remove]
			□Add
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an effective date is liste ote: If the date inse	her than the date of ed, the date must be spe erted in this block door date on the Departm	cific and canr es not meet	not be prior to the applicat	o date of filin ple statutory	g or more than r filing requ	(option 190 days after trements, this	diline Char	suant to not be	605.020 listed as
	layed effective date,	but not an e	ffective tin	ie, at 12:01	a.m. on the	earlier of: (b) The 90t	th day a	fter the
record specifies a de lis filed.									
record specifies a de l is filed. MARCH 30 ated)23	_•					