L19000303949

(Re	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

	ENT & BROCK LLC	• ,	•· ~	
ECT:	Name of Limi	ited Liability Company		
enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
se return all correspon	dence concerning this matter	to the following:		
	ALTAGRACIA SALAS			
	 -	Name of Person		
	SOUTH FLORIDA CPA F	INANCIAL, INC.		
		Firm/Company	- <u>-</u> -	
	12555 ORANGE DRIVE S	SUITE 116		
		Address		
	DAVIE, FL 33330			
		City/State and Zip Code		
	asalas@sfcpafinancial.com			
		to be used for tuture annual rep	ort notification)	
For further information co	neerning this matter, please co	all:		
ALTAGRACIA SALAS	954 862-1733 at ()			
Name of		Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	\$\times \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Articles of Organization for this Limited Liability Company were filed on 12/13/2019 and assigned ida document number L19000363949 and assigned ida document number L19000363949 and assigned ida document number submitted to amend the following:

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

e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" nter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS;

Enter new mailing address MUST BE A STREET ADDRESS;

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOS)

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

rerson(s) authorized to manage, enter the title, name, and address of each person being added records:

ager authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
DAVID MARCONI	2200 NE 32ND AVENUE	
	FT LAUDERDALE FL 33305	□Remove
		Change
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Effective date, if other than the dat (If an effective date is fisted, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applic	able statutory filing require	(optional) 20 days after filing.) Pursuant to 605 0207 (ements, this date will not be listed as t
he record specifies a delayed effective d ord is filed.	ate, but not an effective t	ime, at 12:01 a.m. on the ea	orlier of: (b) The 90th day after the
Dated OCTOBER 19	2020	·	
	101		
		orized representative of a mer	

Filing Fee: \$25.00

Typed or printed name of signee