LZO 000012992		
(Requestor's Name) (Address)	200349710002	
(Ĉity/State/Zip/Phone #)	08/07/2001020019 ♦*25.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	FILED March 122 PH 3: 03	
UP3 Office Use Only		
	oct 22 mm S. YOU'NG	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2020

KENNETH L ZINK ENZY WRAPS, LLC 14485 WOODFIELD CIRCLE JACKSONVILLE, FL 32258

SUBJECT: ENZY WRAPS, LLC Ref. Number: L20000012992

We have received your document for ENZY WRAPS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LAST PAGE MISSING

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 120A00018484

www.sunbiz.org

# COVER LETTER

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TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

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Div	ision of Co	rporations			
SUBJECT:	ENZY WR	RAPS, LLC		* * *	
SUBJECT:					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all corresp	ondence concerning this matter	to the following:		
		KENNETH L. ZINK			
			Name of Person		
		ENZY WRAPS, LLC			
			Firm/Company		
		14485 WOODFIELD CIR	CLE		
			Address		
		JACKSONVILLE, FLOR			
			City/State and Zip Code		
		RSCHRIVER@FIYATTO	{NEYS.COM to be used for future annual report no		
For further in	iformation c	concerning this matter, please c		nnearch)	
REBECCA J		ER	904 346-3160		
	Name o	of Person	at () Area Code Daytin	ne Teiephone Number	
Enclosed is a	check for t	he following amount:			
<b>≣ \$</b> 25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	CI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>Cl S60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</li> </ul>	
	ling Addres		<u>Street Address:</u> Registration Se	sction	
Division of Corporations		Division of Co			

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 F

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ARTICLES OF ARTICLES OF O	DRGANIZATION
ENZY WRAPS, LLC (Name of the Limited Limited I (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number 1,20000012992	were filed on IANUARY 6, 2020 and assessed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: ( <u>Mailing address MAY RE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N/A New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agend Signature of New Registered Agent

Florida

Zip Code

### , . , . .

, . .

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
AMBR	NOAH L. ZINK	14485 WOODFIELD CIRCLE	<b>⊜</b> ∧dd
		JACKSONVILLE, FLORIDA 32258	
			Change
AMHR	KENNETH L. ZINK	14485 WOODFIELD CIRCLE	Add
		IACKSONVILLE, FLORIDA 32258	(]Remove
		Mr. Einkuslisted twice	2 EChange
<u></u>		heshauld only belieted	O BAdd.
	Doch L. Zink should be	🗆 Remove	
		Idded there by making	Change
·		both "AMBR" by the	ÜAdd
		Conyony.	DRemove
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### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 2020 Signature of a member or authorized representative of a member Typed or printed name of signee