



(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	· · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900339889669

02/04/20--01008--006 **25.00

20FEB -4 AH 9: 30

COVER LETTER

:•

TO:

	Registration Se Division of Cor		i e	
errin 1022	ELKEN, LI	LC		
SUBJEC	. I:	Name of Lin	nited Liability Company	
The enck	osed Articles of	Amendment and fec(s) are sub	unitted for filling.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CHRISTIAN COOLEY G	UTTERREZ	
			Name of Person	
		-	Firm Company	
		123 NW 23rd STREET		
			Address	
		MIAMI, FL 33127		
			City/State and Zip Code	
		COOLEY.CHRISTIAN@C	iMAIL.COM to be used for future annual report not	Himtian\
For furthe	er information c	oncerning this matter, please c		(Titalian)
	TAN COOLEY	GUTIERREZ	305 450-8591	
Name of Person		at () Area Code — Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:		
■ \$2 5,0	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	24 \$60,00 Filing Fee, Certificate of Status & Certified Copy (talditional copy is enclosed)
	<u>Mailing Addres</u>		Street Address:	
	Registration S		Registration Se	
	Division of C P.O. Box 632		Division of Co The Centre of	
	Tallahassee 4			o Street Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000018410}{1.0000018410}$	were filed on 01/10/2020	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;	
ENKEL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		7 TH
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floruki street address	
	, Flor	ida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

FLKEN LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			D'Add
			Remove
			UAdd
			□Change
			JAdd
			□Remove
			200 Confidence of the confiden
			20 Change FB - LAdd
			Aff III
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	· .		
			L_Remove
			UChange
			□Add
			TChange.

								-
		·						_
								_
					·-·· · · · · · · · · · · · · · · · · ·			_
								_
, 4								-
	·						-	-
								-
						- 57 <u>2.</u>	<i>\</i> \-	_
							0 FE	
-						: 5	- G	
				<u></u>		···.''		- ; ; 77
						-, -		-:5
 						22	- <u>မ</u> ှ -	-
						2	「⊃ 	_
								_
	,						<u> </u>	-
ffective date, if other than the da	te of tiling				(option	aD		
an effective date is listed, the date must be of the late inserted in this block	specific and o	cannot be prior			days after fil	ing.) Pursi		
ocument's effective date on the Depa				v ining require	nents, this ti	aic wiii i	ior oc us	icu as
record specifies a delayed effective d l is filed.	ate, but not a	m effective ti	me, at 12:01	a.m. on the ear	lier of: (b)	The 90th	i day afte	er the
ated		2020						
attr			`					
	1 14-	/						
	700			ntative of a mem				

Filing Fee: \$25.00