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COVER LETTER

CHD ITC					
SUBJEC	,1: <u></u> _	Name of Lim	ited Liability Company		
The enclo	osed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		MASSIMILIANO BRUN	ELLI		
			Name of Person		
		ENOJOURNEY LLC			
	Firm/Company				
	13499 BISCAYTNE BOULEVARD STE TS-1				
		,	Address		
		ed Articles of Amendment and fee(s) are surn all correspondence concerning this matter. MASSIMILIANO BRUN ENOJOURNEY LLC 13499 BISCAYTNE BOD NORTH MIAMI, FL 331 thebusinessassistance@gn E-mail address: information concerning this matter, please of the surn of Person sa check for the following amount:	81		
			City/State and Zip Code	<u> </u>	
		thebusinessassistance@gma			
			to be used for future annual report noti	fication)	
For furth	er information co	oncerning this matter, please c	all:		
SANTE	VINCENZI		305 342-1242		
	Name of	Person	at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	00 Filing Fee	□ \$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:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 FTT 23 71% 8:58

ENOJOURNEY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 01/28/20	220 and assigned
Florida document number 1.20000034157	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the name of the new
registered agent and/or the new registered ornee ade	uress here.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office / Vadi Con.	Enter Florida sti	vet address
		, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my a agent as provided for in Chapt red office address, I hereby co	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
MGR	CHIACCHIERINI CRISTINA	13499 BISCAYNE BLVD #TS-1	
		NORTH MIAMI, FL 33181	■ Remove
		·	
MGR	CHIACCHIERINI CRISTIANA	13499 BISCAYNE BLVD #TS-1	Add
		NORTH MIAMI, FL 33181	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
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Typed or printed name of pignee

Filing Fee: \$25.00