

L200000 34157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

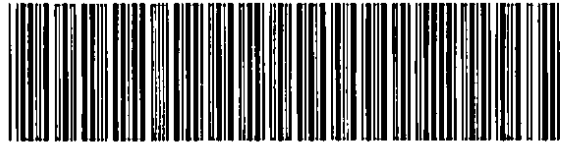
(Business Entity Name)

(Document Number)

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03/23/2019 10:15:00

2019-28 11 8:50

C. GOLDEN

MAR 21 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ENOJOURNEY LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MASSIMILIANO BRUNELLI

\_\_\_\_\_  
Name of Person

ENOJOURNEY LLC

\_\_\_\_\_  
Firm/Company

13499 BISCAYTNE BOULEVARD STE TS-1

\_\_\_\_\_  
Address

NORTH MIAMI, FL 33181

\_\_\_\_\_  
City/State and Zip Code

thebusinessassistance@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTE VINCENZI

305 342-1242  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**  
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

SEP 22 AM 8:56

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

Zip Code

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CHIA CCHIERINI CRISTINA	13499 BISCAYNE BLVD #TS-1	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHIA CCHIERINI CRISTIANA	13499 BISCAYNE BLVD #TS-1	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02-10-2020

MASSIMO LANDROU NELLI, MGR

**Filing Fee: \$25.00**