(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

ENGO IN SUBJECT:	VESETMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAMIEN D LANNI		
		Name of Person	
	<del> </del>	Firm/Company	
	323 SUNNY ISLES BLVI	O SUITE 700 C/O AVIV ARKIN	
		Address	
	SUNNY ISLES BEACH, I	FL 33160	
	AARKIN@CPATAXACCO	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c		
DAMIEN D LANNI		305 985-3870 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	he 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address:  Registration So Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENGO INVESETMENT LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L20000051246</u> .	filed on <u>02/13/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
ENGO INVESTMENT LLC		
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbrev	r√2
Enter new principal offices address, if applicable:	12 P	면 게
(Principal office address MUST BE A STREET ADDRESS)	\$5.55 \$5.55	\frac{\chi_{\text{2}}}{\chi_{\text{2}}}
	me me ma ma ma ma or	8 PH 2
Enter new mailing address, if applicable:	0R/2	 డు
(Mailing address MAY BE A POST OFFICE BOX)	••	<del></del>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of</u>	the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provid	rmance of my duties, and I am fami	liar with and

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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
			□ Remove
			Change
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			ALL ASSET
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fective date, if other the an effective date is listed, the	an the date of fi	ling: 02/13/2020		(optio	nal)
ote: If the date inserted in ocument's effective date o	this block does no	ot meet the applica	able statutory filing	re than 90 days after to requirements, this	date will not be listed
record specifies a delayed is filed.	effective date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after
02/25		, 2020			
neu					
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