120000 102261

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COVER LETTER

Divisio	on of Corpo	rations					
		TIONS LLC			2		
SUBJECT:	<u> </u>	Name of Limite	ed Liability Company		10 F8 72		
The enclosed A	rticles of A	mendment and fee(s) are subm	nitted for filing.		20 MR 27 PM 12: 33		
Please return al	l correspond	dence concerning this matter to	o the following:		2:33		
		JUAN D PEREZ					
			Name of Person				
	Firm/Company						
		331 SW 190th AVENUE					
		PEMBROKE PINES / FL 3					
	City/State and Zip Code						
		E-mail address: (t	o be used for future annual report notifica	ition)			
For further info	ormation co	ncerning this matter, please ca	II :				
JUAN D PERI	EZ		954 200-9998 at ()				
	Name of	Person	Area Code Daytime T	elephone Number			
Enclosed is a c	theck for the	e following amount:					
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &		

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

ARTICLES OF OF	RGANIZATIO	N	-2		
OF	•		En Tra		
YJ INNOVATIONS LLC			3		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on ability Company)	our records.)	and assigned		
The Articles of Organization for this Limited Liability Company w	ere filed on APRIL	6TH 2020	and assigned		
Florida document number L20000102261			_		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	ation "LLC" or the at	obreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		<u>,</u>			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our recor	ds, <u>enter the nan</u>	ne of the new registere		
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					
		, Florida			
Naw Designand Agent's Signature of the action Designant A	City		Zīp Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p					

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

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
CFO	JUAN PEREZ	331 SW 190th AVENUE	■Add
		PEMBROKE PINES FI. 33029	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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