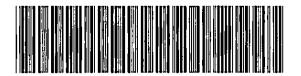
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DocuSign Envelope ID: AE80A0A9-19AD-457A-A186-AFFF628E30CE COVER LETTER TO: Registration Section **Division of Corporations** ENID ACCOUNTING LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YAITZA E RIVERA Name of Person ENID ACCOUNTING LLC Firm/Company 16945 SW 119TH PL Address MIAMI FL 33177 City/State and Zip Code YAITZAELIRIVERA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 801-0827 YAITZA E RIVERA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENID ACCOUNTING LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company L20000190358	were filed on	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		101
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer v torida street adaress	
	, Florid	aZip Code
	Chy	гір Сойе

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

DocuSign Envelope ID: AE80A0A9-19AD-457A-A186-AFFF628E30CE arrange 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 YAITZA E RIVERA		16945 SW 119TH PL	57.11
		MIAMI, FL 33177	bbAt&
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