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(Re	equestor's Name)			
(Address)				
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(Cir	ty/State/Zip/Phone #)		
	_			
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name))		
(Do	ocument Number)			
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Boix Enleggie	so hhc.
Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Roy R	Boix Farnas Name of Person
Boix -	Enleprise L.C. Firm/Company
<u>1800 Nu</u>	1 24th Ave ppt 308 Address
Miami	City/State and Zip Code
EKmultip E-mail adding	ress: (to be used for future arrival report notification)
For further information concerning this matter, ple	ase call:
Madyn Serare 2 Name of Person	at (305) U56 - 91 UO Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOIX ENGIPHSE	LhC.		
(<u>Name of the Limited Biability Comp</u> (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 2000 250913	y were filed on <u>OE</u>	3 17 2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete	ree to act in this cap e performance of m	pacity. I further agree to comply with the duties, and I am familiar with and	

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

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBB	Boix Perinas, Roy R	1800 NW 24 th ave 15pt 30	<u></u> □Add
		Miani, Cl 33125	
			⊠ Change
<u>MGR</u>	Boix Perincs, Roy R	1800 NW 24th Are Apt 30	<u>&</u> ∑ [Add
	'	Miam., Pl 33125	
			□Change
			□Add
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			□ Change
			□Add
			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. authorized representative of a member