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COVER LETTER

TO: Registration Sec Division of Corp	oorations `		•
SUBJECT:	Fen	Feli LLC	
SOBJECT.	•	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Lillian I Riley Name of Person	
	F	En Feli Enterp Firm/Company	rise
		•	
		120 Sake Pia	PE Or A28 773 .
		Greenages	F 321/12
		City/State and Zip Code	7 - 25705 W
	E-mail address: (1	Address Oreenecres City/State and Zip Code Luterpy 1SE Regn to be used for future annual report notif	cert, contro
For further information co	oncerning this matter, please ca		in Ot
Cillian Name of	I-Riley Person	at (56/) 308 Area Code Daytime	9737 Telephone Number
Enclosed is a check for the	e 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 S	-	Street Address: Registration Sec	ction
Division of Co		Division of Corp	
P.O. Box 6323	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

fen	teli Enterprise	LLC
(Name of the Limited Liab (A Flor	da Limited Liability Company)	ecorus.;)
The Articles of Organization for this Limited Liability	Company were filed on <u>Dec 10</u>	/ 2020 and assigned
f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" r new principal offices address, if applicable: Company		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	nited liability company here:	
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation	"LLC" or the abbreviating "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	8
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	0 0 1	
	Enter Piorida street d	aaress
	·	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my 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>	Name	Address	Type of Action
<u>AMB</u> R	ERIC RILEY	7080 Environ #322 Laurerhill, FL 33310	□Add
		bauterhill, FL 33310	<u>(</u> ⊠Remove
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lote: If the dat	, if other than the e is listed, the date mus te inserted in this bl ective date on the De	ock does not me	eet the applica	27/23 to date of filing of able statutory f	r more than 90 da ling requireme	(optional) sys after filing.) nts, this date v	Pursuant to vill not be	605.020 listed a
record specific l is filed.	es a delayed effectiv	e date, but not a	n effective tir	ne, at 12:01 a.	m. on the earlie	rof:(b) The	90th day a	after the
	9/27/	, 2 <u>3</u> .		 ^^^				
ated								
Pated		Signature of a m	Music ember or autho	Hzed represensa	tive of a member			-