L21000023744

(Re	questor's Name)	
(Ado	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
		Į.
		8/24/21 Trn

Office Use Only



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04/19/21--01020--022 **43.75

21 JH 19 PH 2: 47



June 4, 2021

RAMON PORTO 13727 SW 152ND ST #231 MIAMI, FL 33177

SUBJECT: ENFOQUE LLC Ref. Number: L21000023744

We have received your document for ENFOQUE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

www.sunbiz.org

DO DOMORO WILL BUILD ON

Letter Number: 421A00012236

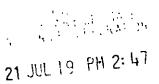
COVER LETTER

Registration Section Division of Corporations

TO:

ENFOQUE	LLC				
30 0 3000.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ramon Porto				
		Name of Person			
	Enfoque LLC				
		Firm/Company			
	13727 SW 152nd St # 231				
	Address				
	Miami, Fl. 33177				
		City/State and Zip Code			
	ramonporto60@gmail.com				
	E-mail address: (to be used for future annual report not	itication)		
For further information c	oncerning this matter, please ca	all:			
Ramon Porto 786 4318450					
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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 Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION AND ARTICLES OF ORGANIZATION **OF**



Enfoque LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Electrical design of the Electrical Electronic Letters (Electronic Electronic	Company were filed on 01/11/2021 and assigned
Florida document number L21000023744	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable:	
(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:	
agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered Enter Florida street address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address here: Name of New Registered Agent:	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code

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 21 JUL 19 Pri 2: 147

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Porto R	Porto Ramon A	16770 SW 46th Ct	□Add
		Miami Fl 33177	■Remove
			□Change
AMBR Porto Ramon	Porto Ramon	16770 SW 146th Ct	= Add
		Miami Fl. 33177	□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece 21 Jul. 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. Dated _____07/12/2021

Filing Fee: \$25.00

Signature of a member or authorized representative of a member