

2/26/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000079759 3)))



H210000797593ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-5383

From:

Account Name : MOORE & MENKHAUS, P.A.
Account Number : I20000000087
Phone : (561)394-7910
Fax Number : (561)393-6541

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENTUNIVERSE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

SALV

2021-02-26 15:25:57 GMT

COVER LETTER

(((H21000079759 3)))

TO: Registration Section
Division of Corporations

SUBJECT: ENTUNIVERSE, LLC

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:

David J. Menkhaus

Name of Person

Moore & Menkhaus PL

Firm/Company

PO Box 812695

Address

Hoca Raton, FL 33481

City/State and Zip Code

susan@openoceangroup.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Renken

561

394-7910

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

(((H21000079759 3)))

(((H 210000 79759 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

ENTUNIVERSE, LLC

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

FILED
 2021 FEB 26 PM 5:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/01/21 and assigned
 Florida document number L21000054389.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ENT UNIVERSE, LLC

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered 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

(((H 210000 79759 3)))

(((H21000079759 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Susan Good Smith	1601 Clint Moore Road	☒ Add
		Suite 170	☐ Remove
		Boca Raton, FL 33487	☐ Change
MGR	Dawn Villacer	1601 Clint Moore Road	☒ Add
		Suite 170	☐ Remove
		Boca Raton, FL 33487	☐ Change
MGR	Patricia McCall Ramos	1601 Clint Moore Road	☒ Add
		Suite 170	☐ Remove
		Boca Raton, FL 33487	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2021 FEB 26 PM 5:37
 STATE OF FLORIDA
 TALLAHASSEE
 OFFICE OF THE ATTORNEY GENERAL

FILED

(((H21000079759 3)))

((1 H21000079759 3)))

10. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
FEB 26 PM 5:38
FBI - BOSTON

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 60 days after filing.) Pursuant to 605.6207 (1)(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 February 25, 2021

Signature of a member or authorized representative of a member

Walter F. Nichols

Typed or printed name of signer

(((H2COOC79759 3)))

Filing Fee: \$25.00