

L210000095852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

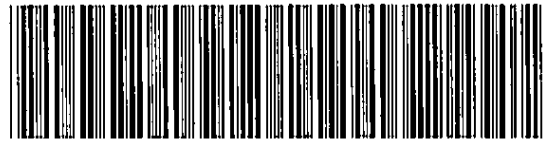
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/21--01011--003 **25.00

2021 JUN 04 PM 12:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENS DESIGN GROUP 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:

CHRISTOPHER DONALD ROZYCKI
Name of Person

ENS DESIGN GROUP LLC
Firm/Company

9624 PICKWOOD DRIVE
Address

PENSACOLA / FL 32514
City/State and Zip Code

info@ENSDesignGroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS ROZYCKI at (850) 462-2912
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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>
<u>MGR</u>	<u>CHRISTOPHER ROZYCKI</u>	<u>9624 Pickwood Dr.</u>	<input type="checkbox"/> Add
		<u>PENSACOLA, FL 32514</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>CHRISTOPHER ROZYCKI</u>	<u>9624 PICKWOOD DR.</u>	<input type="checkbox"/> Add
		<u>PENSACOLA, FL 32514</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

To clarify, NGR - Christopher Rzycki is to be changed to AMBR - Christopher Rzycki

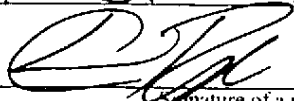
E. Effective date, if other than the date of filing: MAY 31, 2021 (optional)

(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 MAY 31, 2021.



Signature of a member or authorized representative of a member

Christopher Rzycki

Typed or printed name of signee