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Office Use Only



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## **COVER LETTER**

то:	Registration Secti Division of Corpo			# 1 m	<b>♥</b> /5
SUBJ	IECT: EUS	DESIGN G	Roup LLC		
		Name of Lim	ited Liability Company		
The e	nclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	e return all correspond	ence concerning this matter	to the following:		
		CHRISTO	PHER DONALT	ROZYCKI	_
		ENS D	ESIGN GROUP Firm/Company	ис	-
		9624 1	OICKWOOD FOR IVE Address	·	-
		PENSACOLA	/FL 32 City/State and Zip Code	514	-
			ENS Design Group. to be used for future annual re		
		cerning this matter, please c			
	CHRIS J	ROZYCK I	at ( <u>850</u> ) <u>4</u> Area Code	62 - 2912 Daytime Telephone Numbe	r
Enclo	sed is a check for the	following amount:			
¥S. S	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ate of Status &

## Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENS DESIGN GR (Name of the Limited Liability Compa (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>Feb. 26, 202</u> 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "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 a agent and/or the new registered office address here:	nddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	Con.
	, Florida	
	City	Zip Code-

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.

New Registered Agent's Signature, if changing 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
MGR	CHRISTOPHER ROZYCKI	9624 Pichwood Or.	□Add
		PENSACOLA, FL 32514	□Remove
AMBR	CHRISTOPHER RODUCKI	9624 PICKWOOD DR.	□ Add
		PENSACOLA, FL 32514	□Remove
			<b>₩</b> Change
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fective in effecti	date, if o	ther than the	date of filin	g: MAY	31, 202	(	(optional)	Pursuant to 605.02
<u> </u>	the date in:	serted in this blo e date on the Do	ock does not i	neet the applical	ble statutory fili	ng requiremen	nts, this date	will not be listed
ecord s is filed.	pecifies a c	delayed effective	date, but not	an effective tim	nc, at 12:01 a.m.	on the earlie	rof:(b) The	90th day after th
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Filing Fee: \$25.00