

L21000096890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

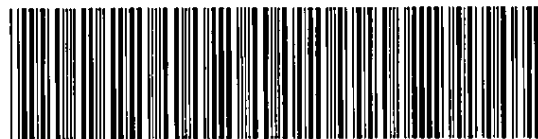
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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03/24/21--01001--003 \*\*25.00

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MAR 23 AM 8:17  
STATE  
MAR 24 PM 3:49

W. BAKER

MAR 24 2021

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 3/23 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC AMEND \_\_\_\_\_

1. Enass 0429 LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ENASS 0429 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/01/2021 and assigned  
Florida document number L21000096890

This amendment is submitted to amend the following:

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

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:

1941 HARBOR VIEW CIR

(Principal office address MUST BE A STREET ADDRESS)

Weston, FL 33327

Enter new mailing address, if applicable:

1941 HARBOR VIEW CIR

(Mailing address MAY BE A POST OFFICE BOX)

Weston, FL 33327

**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:

RAFAEL SOTILLO

New Registered Office Address:

1941 HARBOR VIEW CIR

*Enter Florida street address*

Weston

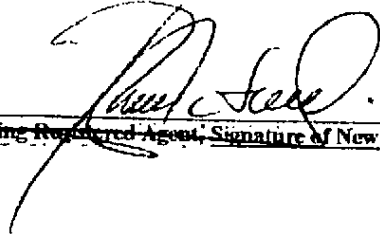
*City*

Florida 33327

*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

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>
AMBR	RAFAEL SOTILLO	1941 HARBOR VIEW CIR	<input type="checkbox"/> Add
		Weston, FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Wendy Santos	1941 HARBOR VIEW CIR	<input checked="" type="checkbox"/> Add
		Weston, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
COUNTY OF DADE  
JUL 11 2011  
8:11

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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.

Dated MARCH, 22TH, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RAFAEL SOTILLO, MEMBER

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**