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COVER LETTER

	Division of Corpo				
SUBJEC	et: Enz	Name of Limi	Flarida L	t C	•
		Name of Lim	ited Liability Company		
The enclo	osed Articles of Ai	nendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspond	dence concerning this matter	to the following:		
		Vinnie Ta	Mame of Person		_
			Firm/Company		_
		1620 Esst	Sample nel	pompare !	Beach FL
		Dompanu Enzuehites () A E-mail address: ()	becch FL City/State and Zip Code		_
		Enzuehikes () A E-mail address:	H. NeH to be used for future annual rep	port notification)	
For furth	er information con	cerning this matter, please ca			
Vinn	Name of P	erson	at (<u>451/)</u> 3 ⁽	83 -1853 Daytime Telephone Numbe	er
Enclosed	l is a check for the	following amount:			
図 \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	ed) Certifie	ate of Status &

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

EYIZU ESING O	+ Florida LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>レスルのの1つ3475</u> .	were filed on 04/14/021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1620 E. Samil. Rd
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	pompuro beech Fir 3306.4
Enter new mailing address, if applicable:	1620 F. Sample Mil Dompand brack FL 33064
(Mailing address MAY BE A POST OFFICE BOX)	pompero brech 1-2 33064
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	P 10
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Vincent Tamburello	531 N/ Occan B1 po FL 33062 Apt 1101	<u>m£420</u> □Add
			□Remove
			□Add
			□ Remove
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			当 Add
			Remove-
			Add Remove- Remove- Add
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Effect Can ef	tive date, if other than the date of filing: (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
Note:	ent's effective date on the Department of State's records.
Note: docun	rd 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
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Filing Fee: \$25.00