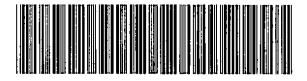
## 121000479929

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only

A. RIVERS
DEC 2 1 2021



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2021 DEC -9 PM 3: 01

Division of Corporations

2021 PET 20 PH 1:55

December 2, 2021

LYDIA NOVOA 696 NE 125 STREET NORTH MIAMI, FL 33161

SUBJECT: ENTERPRISE COVE APTS, LLC

Ref. Number: L21000479929

We have received your document for ENTERPRISE COVE APTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00028925

Alecia Rivers Regulatory Specialist II

## **COVER LETTER**

TO: Registration So Division of Con			, , , , , , , , , , , , , , , , , , ,	
ENTERPR	ISE COVE APTS, LLC	•	**	•
SUBJECT:	Name of Lim	nited Liability Company	• •	•
		• • •		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	LYDIA NOVOA			
		Name of Person		
	ROBERT A. BRANDT, P	.A.		
		Firm/Company		<del>:</del>
	696 NE 125 STREET			
		Address		
	NORTH MIAMI, FLORII	DA 33161		
		City/State and Zip Code	_	
	LYDIA@ATTORNEYBRA			
	E-mail address: (	to be used for future annual repo	ort notification	)
For further information of	concerning this matter, please c	all:		
LYDIA NOVOA		305 981-32	222	
Name o	of Person		Daytime Telep	hone Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Addr</u> Registratio		
Division of C			of Corporati	ions
P.O. Box 632			e of Tallah	
Tallahassee,	FL 32314	2415 N. M	ionroe Stre	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ENTERPRISE COVE APTS, 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 NOVEMBER 3, 2021 and assigned
Florida document number L21000479929	
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 Liabil	lity 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 a agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida  City  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	The second secon
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to emply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, it his document is

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>	Type of Action
MGR	ALAN LIPTON	696 NE 125 STREET	<b>=</b> Add
		NORTH MIAMI, FL 33161	□Remove
			Change
<del></del>	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Remove
			□Change
		<del>.</del>	□Remove
<del></del>			□Add
			□Remove
			□ Change

•	
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ective date, if other than the date	of filing: (optional)
effective date is listed, the date must be spe	ecific 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 do ument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
·	
cord 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
s filed.	•
NOVEMBER 10	2021
NOVEMBER 10	
	Yh.
Signat	ture of a member of authorized representative of a member
e ignar	F 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	R WORAM IZHAK

Filing Fee: \$25.00