KZ1000521061

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2022 JAN 26 AM 7: 04 SECRETARY OF STATE

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Enzo & Ero SUBJECT:	os LLC		
30bJEC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Megan Fuentes		
		Name of Person	-
	ZenBusiness Inc		
		Firm/Company	
	5511 Parkcrest Dr Suite 20)7	
		Address	
	Austin, Texas, 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please o	all:	
Megan Fuentes		844 493-6249 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration So	
P.O. Box 632	•	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION | _______ OF

2022 JAN 26 AM 7: 04

If Changing Registered Agent, Signature of New Registered Agent

Enzo & Eros LLC

(Name of the Limited Liability Company as it now appears quour records)
(A Florida Limited Liability Company)

[A Florida Limited Liability Company]

The Articles of Organization for this Limited Liability (Florida document number L21000521061	Company were filed on 12/09/2021	and assigned
This amendment is submitted to amend the following:		
This uncomment is submitted to unless the following.		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Massing address MIT BE MI OST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed 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:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	oddress
		Dismids
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	t and agree to act in this capacity complete performance of my duta agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	Noah Punchard Mair	5120 NE 18th ave	□Add
		Apt 4	■Remove
		Fort Lauderdale, FL 33334	□Change
			□Add
			□ Remove
		- <u>-</u> -	Change
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	st be specific and cannot be prior to date of fi ock does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis	
record specifies a delayed effectiv Lis filed.	re date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day aft	ter the
l is filed.		01 a.m. on the earlier of: (b) The 90th day aft	ter the
record specifies a delayed effective is filed. Pated/s/ David Rubio Du			ter the
I is filed. January 3 Pated	. 2022		ter the

Filing Fee: \$25.00