

122000106152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

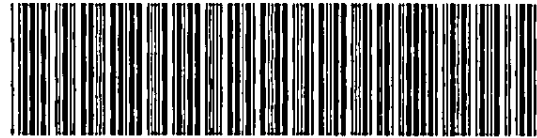
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Toll-Free: 1.888.449.2638

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Email: info@CorpNet.com

www.CorpNet.com



March 24, 2021

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: ADAM ENFROY VENTURES LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$55.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this
filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
filings@corpnet.com

22 AUG 30 AM 10:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADAM ENFROY VENTURES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda J. Beren

Name of Person

CorpNet Incorporated

Firm/Company

31416 Agoura Rd., Suite 118

Address

Westlake Village, CA 91361

City/State and Zip Code

filings@corpnet.com

E-mail address: (to be used for future annual report notification)

22 AUG 30 AM 10:33
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Amanda J. Beren

888 449-2638
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ADAM ENFROY VENTURES 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 03/01/2022 and assigned
Florida document number L22000106152.

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:

(Principal office address MUST BE A STREET ADDRESS)

7901 4th St N Ste 300

St. Petersburg, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th St N Ste 300

St. Petersburg, FL 33702

22 AUG 30 AM 10:33

Division of Corporations &
Statewide Registration
Tallahassee, FL

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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 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	Adam Enfroy	703B Eagle Woods Trail	<input type="checkbox"/> Add
		Celebration, FL 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2 AUG 20 AM 10:33
OFFICE OF THE CLERK
STATE OF FLORIDA


22 AUG 30 AM 10:33

22 AUG 30 AM 10:33

1990-1991

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 August 23, 2022


Signature of a member

Signature of a member or authorized representative of a member

Adam Enfroy

Typed or printed name of signee