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CEORE WHY SECTION

ENANGIKA LLC SUBJECT: 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: Edgar navarro Name of Person ENANGIKA LLC Firm/Company 16525 sw 68 terrace Address Miami, FL 33193 City/State and Zip Code enangika@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 287-1896 Edgar Navarro Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

. Division of Corporations

Tallahassee, FL 32314

TO:

## TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our rec ty Company)	ords.)		
The Articles of Organization for this Limited l Florida document number <u>L22000135296</u>	Liability Company were	e filed on 03/18/2022		_ and a	ssi
This amendment is submitted to amend the fol	llowing:				
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 Co	ompany," the designation "L	LC" or the abbre	riation "	L.L.
Enter new principal offices address, if appli	icable:	<u>.                                    </u>			
(Principal office address MUST BE A STRE	ET ADDRESS)			~	
				122	
	_		- <u> </u>  -  -  -  -  -  -  -  -  -  -  -  -  -	-E2	
Enter your mailing addrage if applicables			127 127	82	
Enter new mailing address, if applicable:		<del></del>	7.7 7.9		$\overline{}$
(Mailing address MAY BE A POST OFFICE	<u> </u>		1 <sup>17</sup> (0)		1,.,,
	_		<u> </u>	<u>ည</u> ထဲ	
D 16	ta la ce la a		rri t	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	~.	ess on our records, <u>em</u>	<u>ter the name o</u>	<u>i ine n</u>	ew r
Name of New Registered Agent:	Edgar II Navarro				
New Registered Office Address:	16525 SW 68 TERR	ACE			
-		Enter Florida street add	tress	_	
•	Miami		Florida 33193		
		City		Zip Cod	e

#### New Registered Agent's Signature, if changing Registered Agent:

ENANGIKA LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

#### or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
MGR	Kathy H Cabarcas	16525 SW 68 TERRACE	
		MIAMI. FL 33193	≣Rem
			□Char
MGR Edg	Edgar H Navarro	16525 SW 68 TERRACE	<b>≣</b> Add
		MIAMI, FL 33193	□Reme
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ffective date, if other than the date of filing:  Tan effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	ng requirements, this date will not be
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. d is filed.	on the earlier of: (b) The 90th day :
Dated November 08 2022	
$\sim 0$ $<$	
Signature of a member or authorized representative	e of a member

Filing Fee: \$25.00