L22000289929

(Requestor's Name)	_
(Address)	_
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	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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A. BUTLE: SEP 29 2022



COVER LETTER

	Registration Se Division of Cor			
	ENSENAL	PA LLC		
SUBJEC	T:	Name of Lin	nted Liability Company	
.				
		Amendment and fee(s) are sub		
r icase re	ium an correspo	ondence concerning this matter	to the following:	
		LUIS A GONZALEZ RA	MIREZ	
			Name of Person	
		ENSENADA LLC		
			Firm/Company	
		28901 SW 150TH PL		
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	
		LAGONRAM2009@GMA		
		E-mail address: (to be used for future annual report n	otification)
For furth	er information o	oncerning this matter, please c	ail:	
BONNII	E BORNACELI	LI	786 282 5338	
	Name o	of Person		ime Telephone Number
Enclosed	is a check for the	he following amount:		
≡ \$25.0	00 Filing Fee	Cl \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclased)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassec,	Section forporations 17	Street Address; Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section orporations (Tallahassee roe Street, Suite 810

FILED

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STURET OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENSENADA LLC				
(Name of the Limit)	ed Liability Compa (A Florida Limited)	ny ny it now apoez Jabelity Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number L22000289929	ability Company	were filed on <u>00</u>	S/27/2022	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liah	ility company h	ere:	
NA .	,			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the i	ksignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applies	able:	NA		
(Principal office address MUST BE A STREE	T ADDRESS)			
			<u> </u>	
		NA		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		iddress on our r	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			-
The state of the s		Enter Flo	rida street address	
			, Florida	
		Ciry		Zip (ode
New Registered Agent's Signature, if changing R	tegistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete stered agent as p registered office	performance of provided for in (my duties, and Lai Chapter 605, F.S. C	n familiar with and Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	JOSE L BRAVO ORTIZ	28901 SW 150TH PL HOMESTEAD, FL 33033	El Add
			🖸 Remove
			[]Change
			□VrM
			□Remove
			Change
			DAdd
			🖸 Remove
			Change
			🗅 Add
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: If the date inserted	n this block does not meet t	he applicable statutory	filing requirements	i, this date will not be liste
ment's effective date	on the Department of State's	records.		
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	effective date, but not an el	fective time, at 12:0	a.m. on the earlier (of: (b) The 90th day after
iled.	/	\ /		
AUGUST 220D	20	2 1-1		
AUGUST 23RD				
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	Signature of a men	of authors of represent	tative of a member	
	Signature of a mort	A dienter	- Constitution	
LUIS A GONZ	ALEZ RAMIREZ		James of a fixed	

Filing Fee: \$25.00