

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENSPIRRA LLC

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(A Florida Limited)	Lability Cempany	()	
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er <u>L22000301751</u>			
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enter the new name of the limited liab	ility company	here:	
nguishable and contain the words "Limited Liabr	lity Company," the	e designation "LLC" or the abbreviat	ion "L.L.C."
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	Coral Springs.	. Florida 33071	
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<u>BE A POST OFFICE BOX</u>	<u>_,</u>		
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	address on our	records, enter the name of the	
egistered office address here			2 7
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Registered Agent:			<u> </u>
ed Office Address:			<u> </u>
	Enter F.	londa street address	
		, Florida	Code
	ARTICLES OF T ARTICLES OF C C LC (<u>Name of the Limited Liability Company</u> (A Florida Limited ation for this Limited Liability Company er <u>L22000301751</u> mitted to amend the following: <u>enter the new name of the limited liab</u> nguishable and contain the words "Limited Liabi fices address, if applicable: <u>es MUST BE A STREET ADDRESS</u>) fress, if applicable: <u>BE A POST OFFICE BOX</u>) gistered agent and/or registered office registered office address here: <u>Registered Agent</u> :	ARTICLES OF AMENDM TO TO ARTICLES OF ORGANIZA OF LC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company ation for this Limited Liability Company were filed on the L2200301751 mitted to amend the following: enter the new name of the limited liability company." the flices address, if applicable: SMUST BE A STREET ADDRESS) fress, if applicable: BE A POST OFFICE BOX; gistered agent and/or registered office address on our registered Agent: Registered Agent: A Office Address:	ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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.

Fax: 8134365206 10/16/2023 11:35:12 PDT To. 18506176383 Page: 3/4 From: Registered Agents Inc. 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>Name</u> Type of Action Title Address _____ 🗆 Add ______[]Change _____ 🖸 Add _____ □ Change _____ 🖸 Add _____ 们Change _____ □ Ada _____ 🖾 Remove □Add LiRemove _____ Change ElAdd ⊡Remove _____ DChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	October	16		
Dated				

2023

South Carlos

Signature of a member or authorized representative of a member-

Nat Smith

Typed or printed name of signee

Filing Fee: \$25.00