L22000404097

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only States Elph Hone H)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	STOM LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	CAPPS WILLIAM				
	Name of Person				
	ENVE CUSTOM LLC				
	Fim/Company				
	4329 HELENA ST NE				
	Address				
	ST PETERSBURG, FL 33703				
		City/State and Zip Code			
	barry@wbcapps.com				
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please c	all:			
CAPPS WILLIAM		813 546-5338 at ()			
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
		□ 666 00 P.T P 0	E 6(0.00 E);		
■ \$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 Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SIP 28 Pil 5: 22

ENVE CUSTOM LLC			
(Name of the Limited Llabilit (A Florida	y Company as it now a Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Liability Co		n <u>09/15/2022</u>	and assigned
Florida document number L22000404097	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability compar	ıy here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company,"	the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u> </u>		
Enter new mailing address, if applicable:	10 10 10 1	····	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on o	ur records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
		Floric	da Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performand gent as provided for	e of my duties, and in Chapter 605, F.S.	I am familiar with and S. 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CAPPS KRISTEN	4329 HELENA ST NE	∃ Add
		ST PETERSBURG, FL 33703	🗆 Remove
			Change
			□Add
			Remove
	<u></u>		□Add
			□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			□Change

). If amending any other inforn	nation, enter change(s) here: (/	Attach additional sheets, if neces.	sary.)
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<u></u>			
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to da block does not meet the applicable	(option te of filing or more than 90 days after fil statutory filing requirements, this d	ing.) Pursuant to 605.0207 (3)
he record specifies a delayed effect ord is filed.	tive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated AUGUST 17	, 2023		
Villar (4	Signature of a member or authorized		
	Signature of a member or authorized	I representative of a member	
WILLIAM CAPPS			
_	Typed or printed na	me of signee	

Filing Fee: \$25.00