L23000055866

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(20), 2000-1, 1000-1,
PICK-UP WAIT MAIL
(Business Entity Name)
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S. ROBERTS
MAY 2 6 2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration So Division of Co			
SHD IE	Jose Enriqu	uez LLC		
SUBJEC	JI:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jose Enriquez III		
			Name of Person	
			Firm/Company	
		7935 NW 24 Street		
			Address	
		Margate, Florida, 33063		
			City/State and Zip Code	
		GoJoeRE@gmail.com	to be used for future annual report no	
For furth	er information c	concerning this matter, please co		ancadon)
Jose Enr	iquez III		954 2429300	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	l is a check for the	he following amount:		
□ \$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 Addres Registration S		Street Address:	antina.
	Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jose Enriquez III		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/30/2023	and assigned
Florida document number L23000055866	<u></u> .	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
		<u></u>
		33
Enter new mailing address, if applicable:		· · ·
Mailing address MAY BE A POST OFFICE BOX)		- -
		-· ,
		2
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
MGR	Jose Enriquez III	7935 NW 24 Street, Margate, FL. 33063	= Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
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<u>te:</u> II	date, if other than the date of filing:	.020 ed as
cord s		r the
s filed	1	
s filed	April 5th 2023	
s filed	April 5th 2023. Signature of a member or authorized representative of a member	

Filing Fee: \$25.00