# 623000217508

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(Business Entity Name)			
(Document Number)			
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# **COVER LETTER**

TO:	<b>Registration Section</b>		
	Division of Corporations		

ENLIVELLC 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:

GESSIMBERGUE MONTEIRO

Name of Person

GS MONTEIRO LAW P.L.L.C.

Firm/Company

848 BRICKELL AVENUE, SUITE 203

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

GMONTEIRO@GSMONTEIROLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GESSIMBERGUE MONTEIRO \_\_\_\_\_\_\_\_ at (\_\_\_\_\_\_) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 May 22, 2023

### VIA CERTIFIED MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### RE: ENLIVI LLC (EIN: 61-2087821)

Dear Sir or Madam.

Enclosed please find the executed Articles of Amendment to the Articles of Organization for ENLIVE LLC, a Florida limited liability company. We hereby request the following amendments:

- 1. Change Manager's Last Name: The manager's last name should be spelled as "Fantinatti."
- <u>Replace the Registered Agent</u>: New registered agent shall be GSM Corporate Services LLC with an office located at 848 Brickell Avenue, suite 203. Miami, FL 33131
- 3. Add the EIN: 61-2087821

Please do not hesitate to contact me at (305) 400-4975, should you have any questions or concerns with this matter. Our office fax number is (305) 489-7683.

Sincerely. Gessimbergue Monteiro, Esq. G.S. Monteiro Law, P.L.L

Enclosures//



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		2023 HAY 31	4月 8: 21
ENLIVI LLC		• •	
( <u>Name of the Lim</u>	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		. DEE, FL
The Articles of Organization for this Limited I Florida document number <u>L23000217508</u>		and assig	gned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L	C."
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STRE	ET_ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the 1</u> 285 here:	name of the new	<u>registered</u>
Name of New Registered Agent:	GSM CORPORATE SERVICES LLC		
	848 RDICKELL AVENUE SUITE 203		

New Registered Office Address:

848 BRICKELL AVENUE, SUITE 203
Enter Florida street address

	<b>0</b> 0+04	
MIAMI	, Florida <sup>33131</sup>	
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			NHOS, SP, 105
		19910-467 BRA	
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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			May 2, 2	2023			
(If an ef) <u>Note:</u>	fective date is listed If the date insert	er than the date o I, the date must be spec- ted in this block doe ate on the Departme	f filing: rific and cannot be pr es not meet the app	ior to date of tiling o licable statutory fi	r more than 90 days		
If the recor record is fi		iyed effective date, l	but not an effective	e time, at 12:01 a.i	n. on the earlier o	f: (b) The 90th da	y after the
Dated	May 11		2023				
	<u> </u>		L.T.I	t			
		Signatu	re of a member or at	athorized representat	ive of a member		

THIAGO FANTINATTI

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Typed or printed name of signee

Filing Fee: \$25.00