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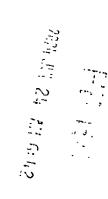
(Requestor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ENTERPRISE	KLEMEZINLAFRIKGINE	N LLC
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ROCHNEL DUVERNE		
	 	Name of Person	
	ENTERPRISE KLEMEZI	NLAFRIKGINEN LLC	
		Firm/Company	
	1300 NE 130TH ST NOR	TH MIAMI, FL 33161	
		Address	
	NORTH MIAMI/FLORII	DA/33161	
		City/State and Zip Code	
	innocentberline@yahoo.com	m to be used for future annual report not	Horrison)
Ear further information	concerning this matter, please co	-	meanony
ROCHNEL DUVERNI		an. 305 540-6814	
		at (
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			(шинилы сору в спесока)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited		<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		25.5
A. If amending name, enter the new name of the limited liab	oility company here:	2.7.
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1300 NE 130TH ST NORTH M	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1300 NE 130TH ST NORTH N	ИАМІ, FL 33161
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	N .
	, Flo	orida
	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
AMBR	ROCHNEL DUVERNE	1300 NE 130TH ST NORTH MIAMI, FL 33161	J iAdd
			□Remove
			□Change
AMBR BERLINE SAINT GILLES	BERLINE SAINT GILLES	1300 NE 130TH ST NORTH MIAMI, FL 33161	Alad
			Remove
		·	□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

.	nation, enter change(s) here: (Attach additional sheets, if necessary.	•
		
		
<u> </u>		
 		
17-11		
Effective date, if other than the fan effective date is listed, the date mode: If the date inserted in this document's effective date on the	ne date of filing:	Pursuant to 605.0207 (3)(b vill not be listed as the
record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
JULY 22 Dated	. 2024	
~n	ROCHNEL DUVERNE ROCHNES	ELDIVERA