Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003269043)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE SKEEN LAW GROUP, P.A.

Account Number : 120160000054 : (954)300-1529 Phone

: (954)374-9841 Fax Number

**Enter the email address for this business entity to be used for fulture annual report mailings. Enter only one email address please.*



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENZ DEVELOPMENT GROUP LLC

Certificate of Status	0
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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENZ DEVELOPMENT GROUP, LLC (Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed florida document number 1,24000258076	on 6/10/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	Comments
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	111 9
B. If amending the registered agent and/or registered office address of agent and/or the new revistered office address here:	n our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida sweet address
	, Florida
City	Zin 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

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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>	Name	Address	Type of Action
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AMBR	VILENKIN, NATALIE	454 WOBURN AVE	
		NORTH YORK ON M5M 1L7 CA	\BRemove
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H24 000 32 64043

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	is filed.			12:01 a.m. on the ear	lier of: (b) The 90	th day ofter t
	nated <u>Sept25</u>	th/2024.	·		> 	
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