L08000061543

(Requ	uestor's Name)			
(Address)				
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SECRETARY OF STATE

T. HAMPTON

DEC 1 6 2008

EXAMINER

COVER LETTER

SUBJECT: ENKLEN	ITERPRISES, LLC		0		
(Name of Limited Liability Company)					
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return all correspon	dence concerning this matter t	to the following:			
	Leonardo Calderin				
		(Name of Person)			
	ENKI ENTERPRISES,LLC	c			
		(Firm/Company)			
	30995 SW 197th Avenue				
		(Address)			
•	Homestead FL 33030				
		(City/State and Zip Code)			
For firsthan information and	maamina thia mattan mlaasa aa	.11.			
For further information co	ncerning this matter, please ca	ш.			
Leonardo Calderin		at (786) 210-1690			
(Name of Person)		(Area Code & Daytime Te	elephone Number)		
	•	•			
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registra	NG ADDRESS: tion Section of Corporations	STREET/COURIER Registration Section Division of Corporatio			
P.O. Bo	x 6327	Clifton Building			

Foliations which with Campagness and

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 5, 2008

ENKI ENTERPRISES, LLC. 30995 SW 197TH AVE. HOMESTEAD, FL 33030

SUBJECT: ENKI ENTERPRISES, LLC.

Ref. Number: L08000061543

We have received your document for ENKI ENTERPRISES, LLC., however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$30.00.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00059373

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENKI ENTERPR		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 06/23/2008	and assigned
Florida document number L08000061543	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		8 √ 8
		ECRE EC
Enter new mailing address, if applicable:	***	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		70 77 ED
		- S1 :0R:
		: 21 : 21
B. If amending the registered agent and/or regi	istered office address on our records, <u>e</u> i <u>dress here</u> :	nter the name of the new
•		,
Name of New Registered Agent:		•
New Registered Office Address:		
	(Enter Florida str	eet address)
	, Flori	
	(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leonardo Calderin	30995 SW 197th Avenue Homestead FL 33030	Add Remove
			Add Remove
	·		Add Remove
	·		Add Remove
		Add Remove	
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.) .	SECRETARY OF STATE STATE OF CURPORATIONS
Dated Dece	ember 1st ,	2008	
	Signature of a n	nember or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00