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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	E.N.K.O BE	RAUN ELC		
.,013		Name of Limi	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SMADAR VAKNIN		
			Name of Person	
		AVALON GROUP		·
			Firm/Company	
		411 NE 2ND AVE		
			Address	
		HALLANDALE, FL 3330	9	
			City/State and Zip Code	
		SMADAR@AVALONGRO		
		E-mail address: ()	to be used for future annual report notifie	ation
For fu	rther information co	oncerning this matter, please ca	all:	
SMA	DAR VAKNIN		305 525-2088	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$1	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tailditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 NOV 20 PH 12: 49
SEURETARY DE STATE
TALLAHASSEE, FLORIDA

E.N.K.O BRAUN LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on 06/19/2017	and assigned
Florida document number L17000132932		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words and Co	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
AMBR	HADAD, SHALOM	HAORANIM 86	■ Add
		PARDES HANNA, IS 1530	□ Remove
			☐ Change
AMBR	BRAUN, SHIREL	HAORANIM 86	■ Add
		PARDES HANNA, IS 1530	□ Remove
			Change
			Add 2011 Nove 2011 SEURE MASSEE
			200 PHIZ: 49 ASSEE, FEBRID: 19 Remove
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ective date, if other than the di effective date is listed, the date must be: If the date inserted in this blockument's effective date on the Dep	se specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 day le statutory filing requirement	s, this date will not be listed as th
record specifies a delayed on the feconomic field in the feconomic f		an effective time, at 12:	01 a.m. on the earlier of:
ed NOVEMBER 16	. 2017		
		ved representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00