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## **COVER LETTER**

Tallahassee, FL 32314

	ion Section of Corporations		
TAL SUBJECT:	ENKO. LLC		
SUBJECT:	Name of	Limited Liability Company	<del></del> _
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this made	tter to the following:	
	TIM A. SHANE		
		Name of Person	
	TIM A. SHANE PA		
		Firm/Company	
	4400 N. Federal Highw	ray Suite 210	
		Address	
	Boca Raton, FL 33431		22 SEP 22 AM II: 05
		City/State and Zip Code	SEP 2
	Tim@TimAShane.com		22 22
	E-mail addres	ss: (to be used for future annual report notification)	<b>1</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
For further informa	ation concerning this matter, pleas	se call:	AH II: 05
Tim Shane		561 305-6015	<b>05</b>
	Name of Person	at () Area Code Daytime Teleph	none Number
Enclosed is a check	k for the following amount:		
<b>■</b> \$25.00 Filing	Fee		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	Address: tion Section	Street Address: Registration Section	
	of Corporations	Division of Corporati	ons
P O Ro		The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALENKO, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	y were filed on 09-06-2017	and assigned
Florida document number L17000189599		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	flity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 S. Ocean Blvd. #507	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	<u> </u>
		\(\frac{\gamma}{2}\) \(\frac{\gamma}{2}\)
Enter new mailing address, if applicable:	1000 S. Ocean Blvd. #507	95. 22
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	<b>2</b> 331
		<b>=</b> 94
		71. 11.00 05
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ime of the new registered
Name of New Registered Agent:		
	<del></del>	
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
	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	MILENA DAMCHEVSKI	928 Escobar Ave	<b>=</b> Add
		Coral Gables, FL 33134	□Remove
			□ Change
	<del></del>		<b>=</b> Add
			□Remove
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ote: If the date inser	ner than the date of filing the date must be specific an orted in this block does not added on the Department of the date of the dat	meet the applicable state	(op filing or more than 90 days af utory filing requirements, t	tional) ter filing.) Pursuant to 60 his date will not be lis	5.020 ted a
record specifies a del is filed.	layed effective date, but no	it an effective time, at 12	2:01 a.m. on the earlier of:	(b) The 90th day after	er the
ated <u>09-1</u>	57 - Ex				
	4.1				
	Signature of a				

Filing Fee: \$25.00