P16000052206

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



500289210185

08/18/16--01022--010 **43.75

SECRETARY OF STATE JUJISION OF CORPORATION

SEP 6 2016

C LEWIS

COVER LETTER

TO:	Amendment Section '
	Division of Corporations

NAME OF CORPORATION: ENKMADE NEW	INC
DOCUMENT NUMBER: P160000 522 06	

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY DEC VECCHIO
A Name of Contact Person
your Del recettion
Firm/ Company 18434 NW 135T
78939 NW 351
PEHBROKE PINES, FL 33029 City/State and Zip Code
,
Catrina de A Hotmail. Com E-mail address: (to be used for future annual report notification)
n-mail address: (to be used for natire annual report notification)

For further information concerning this matter, please call:

NANCY. DEL VECCHJO at 954, 5527324

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

\$\ \text{S43.75 Filing Fee & Certificate of Status} \ \ \text{Certificate Opy} \ \ \text{Certificate of Status} \ \ \text{Certificat Certified Copy (Additional copy is enclosed)

Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section
Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



August 29, 2016

NANCY DEL VECCHIO / ENK MADE NEW INC 18434 NW 13 ST PEMBROKE PINES, FL 33029 US

SUBJECT: ENK MADE NEW INC Ref. Number: P16000052206

We have received your document for ENK MADE NEW INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Electronically filed documents must be on letter size paper.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 116A00018351

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ENK MADE NEW INC P16000052206 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY DEC VECCHIO

Name of Contact Person

Vaucy Sel recordio

Firm/ Company 18434 NW 13 ST Peuchro KE PINES, FL 33029 City/ State and Zity Code Katrina de la Hormai / Cour E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NANCY DEC VECCHIO at 954 5527324

Name of Contact Person Area Code & Dayti ne Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.5€ Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Arnendment Section Amendment Section

Division of Corporations

2651 Executive Center Circle Ta lahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

2016 AUG 22 PM 3: 34

Articles of Incorporation ENK MANE NEW INC

s Articles of Incorporation:	dment(s) to
	dment(s) to
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amends Articles of Incorporation:	dment(s) to
5 Articles of Incorporation:	dment(s) to
. If amending name, enter the new name of the corporation:	
·	
The inner must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain ord "chartered," "professional association," or the abbreviation "P.A."	new tion the
Enter new principal office address, if applicable: The cipal office address MUST BE A STREET ADDRESS)	~-
	_ /
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_
1 :	- (
If amending the registered agent and/or registered office address it Florida, enter the name of the new registered office address:	_ (
Name of New Registered Agent	·
(Florida street ad iress)	
Y. D	
New Registered Office Address: , Florida (City) (Zip Code)	_
(4)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe L: listed as the PNT and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MER	ERNESTO DEL VECCHIZO	18434 NW
Add			135T Pecubroke
Remove			Pines, FL 33029
2) Change	PTSD	NANCY Del VECCHEDO	18434 NW
_X Add	•	•	13ST pewbroke Pines, FL 33029
Remove		'. -	Pines, FL 33029
3)Change	·		
Add	·		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, e Attach additional sheets, if necessary). (Be,	spęcific)			
N/A				
,				
				
				······································
	<u> </u>			
			<u> </u>	
				,
	<u> </u>			······································
			**************************************	<u></u>
(an amendment provides for an exchange, provisions for implementing the amendmen	reclassification, or	cancellation of iss	ued shares. Itself:	
(if not applicable, indicate N/A)			2.4 F.20.4	
11/0				

The date of each amendment(s) adoption:		, if other than the	
date this document was signed. Effective date if applicable:		rit	b or the b
Ellecture date <u>il appricabe</u> :	no more than 90 days after amendment file date)	FIGURE TARY SECRETARY DIVISION OF CO	RPORATH ~
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date wil te's records.		
Adoption of Amendment(s) (CHEC	CK ONE)		
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes east for the amendment(s) roval.		
	archolders through voting groups. The following statement oup entitled to vote separately on the amendment(s):		
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval		
by	**		
(voting	group)		
☐ The amendment(s) was/were adopted by the box action was not required.	ard of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder		
Dated 8-14-1	6		
Signature			
(By a director, preside	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)	-	
<u>ΕΩΝ</u> (pped or printed name of person signing)		
4 % / 4	D		

(Title of person signing)