

C14000 170723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

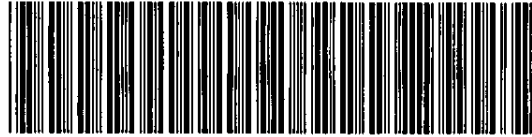
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED FEB 04 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: K - NANISE LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KANTCHEFF, NICOLAS E

Name of Person

K - NANISE LLC

Firm/Company

21085 NE 34 AVENUE UNIT 301

Address

AVENTURA FLORIDA 33180

City/State and Zip Code

MJACOFISKY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTA E JACOFISKY

Name of Person

305

at ()

Area Code

300-1743

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manag	BRAILLARD MIRTA A	21085 NE 34 AVENUE SUITE 301	<input type="checkbox"/> Add
		AVENTURA FLORIDA 33180	<input checked="" type="checkbox"/> Remove
MGR	BRAILLARD SUSANA BEA	21085 NE 34 AVENUE UNIT 301	<input checked="" type="checkbox"/> Add
		AVENTURA FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 19, 2015



Signature of a member or authorized representative of a member

KANTCHEFF NICOLAS E MGR

Typed or printed name of signee

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Filing Fee: \$25.00

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