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Statement of Connection (10, 30).15

COVER LETTER

	ion Section of Corporations	.	i.	
Eis SUBJECT:	enzucker LLC			
Sobole 1.	Name of Limited Liability Company			
Dear Sir or Mada	m:			
The enclosed Stat	ement of Correction and fee(s)	are submitted for filin	g.	
Please return all c	orrespondence concerning this	matter to the following	g:	
Marc Eisenm	ann			
	Name of Person	***	-	
	Firm/Company		-	
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	Address		-	
fort lauderda	le,fl 33312			
	City/State and Zip Code		-	
early_eagle@	bellsouth.net			
E-mail addre	ess: (to be used for future annu	al report notification)	-	
For further information concerning this matter, please call:				
Astrid Eisenn	nann	954 at (5592277	
	Name of Person	Area Code	Daytime Telephone Number	
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on orations enter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a che	ck for the following amount:			
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (2/14)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: Eisenzucker LLC FIRST: The Florida Document number of the limited liability company is: L15000031354 **SECOND:** Document to be corrected is: THIRD: **Articles of Organization** (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Effective date left off. It is 2/16/15. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 3/6/15 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

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\$30.00 (optional)