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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COFUND 6 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:

MARINA LAGO

\_\_\_\_\_  
Name of Person

KSDT & COMPANY

\_\_\_\_\_  
Firm/Company

9300 S DADELAND BLVD, SUITE 600

\_\_\_\_\_  
Address

MIAMI, FL 33156

\_\_\_\_\_  
City/State and Zip Code

MLAGO@KSDT-CPA.COM

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

For further information concerning this matter, please call:

MARINA LAGO

305 670-3370 EXT:3227  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional 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

## COFUND 6 LLC

Page 1 of 3

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>	<u>Type of Action</u>
MGR	SHLOMO AHARONY	9300 S DADELAND BLVD	<input type="checkbox"/> Add
		SUITE 600	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MGR	HANANIA SHEMESH	9300 S DADELAND BLVD	<input checked="" type="checkbox"/> Add
		SUITE 600	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DEPT OF STATE  
 ATLANTA, GEORGIA  
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DEPT OF STATE  
WASHINGTON, DC  
ALLAHABAD, INDIA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November, 29 2016

HANANIA SHEMESH

**Filing Fee: \$25.00**