

L17 000 132932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

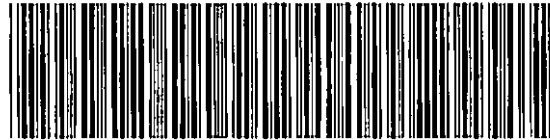
(Business Entity Name)

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NOV 21 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** E.N.K.O BRAUN LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SMADAR VAKNIN

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

AVALON GROUP

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

411 NE 2ND AVE

\_\_\_\_\_  
Address

HALLANDALE, FL 33309

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

SMADAR@AVALONGROUPUS.COM

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

For further information concerning this matter, please call:

SMADAR VAKNIN

305 525-2088  
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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
AMBR	HADAD, SHALOM	HAORANIM 86	<input checked="" type="checkbox"/> Add
		PARDES HANNA, IS 1530	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRAUN, SHIREL	HAORANIM 86	<input checked="" type="checkbox"/> Add
		PARDES HANNA, IS 1530	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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 16, 2017

ITAMAR BRAUN

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Typed or printed name of signee