

L1000000 50824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

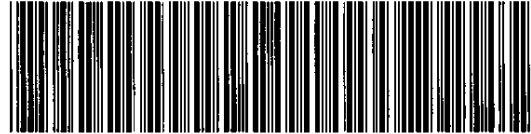
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100184009691

08/27/10--01012--021 **55.00

FILED
SEP 13 PM 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
SEP 14 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

MOSHE SHICK
7918 NW 85TH TER
TAMARAC, FL 33321-1673

SUBJECT: AN & TTAPUCHI, LLC
Ref. Number: W10000038938

We have received your document for AN & TTAPUCHI, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00019845

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AN & TTAPUCHI 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:

MOSHE SHICK

Name of Person

Firm/Company

7918 NW 85TH TER.

Address

TAMARAC, FL 33321-1673

City/State and Zip Code

shickinc@walla.com

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

For further information concerning this matter, please call:

MOSHE SHICK

Name of Person

at (954)

242-4463

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

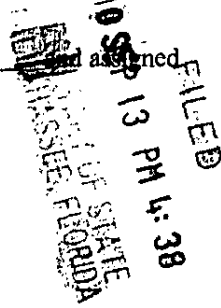
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AN & TTAPUCHI LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 11, 2010

Florida document number L10000050824



This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7918 NW 85TH TER.

C/O MOSHE SHICK

TAMARAC, FL 33321-1673

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7918 NW 85TH TER.

C/O MOSHE SHICK

TAMARAC, FL 33321-1673

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MOSHE SHICK

New Registered Office Address:

7918 NW 85TH TER.

Enter Florida street address

TAMARAC

Florida

33321-1673

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	TAL TAPUCHI	23 MOSHE SNEH ST. RA'ANANA 43728 ISRAEL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	AVI NISSIMOV	17 GIL ST. HERZLIYA 46291 ISRAEL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MOSHE SHICK	7918 NW 85TH TER. TAMARAC, FL 33321-1673	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TAL TAPUCHI	23 MOSHE SNEH ST. RA'ANANA 43728 ISRAEL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AVI NISSIMOV	17 GIL ST. HERZLIYA 46291 ISRAEL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 24, 2010

Signature of a member or authorized representative of a member

MOSHE SHICK

Typed or printed name of signee