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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2012

ASAF FISS / TALUSH ENTERPRISES, LLC 7389 UNIVERSAL BLVD. #1107S ORLANDO, FL 32819

SUBJECT: TALUSH ENTERPRISES, LLC Ref. Number: L11000001388

We have received your document for TALUSH ENTERPRISES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Letter Number: 112A00020355

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Image: Section Division of Corporations SUBJECT: Image: Clumited Lability Company Subject: Image: Clumited Lability Company The enclosed Articles of Amendment and feets) are submitted for filing. Peace return all correspondence concerning this matter to the following: Image: Clumited Lability Company Image: Concerning this matter to the following: Image: Concerning this matter. please call Image: Concerning this matter. please call <	i	(COVER LETTER		
Division of Carporations SUBJECT: TALUSH ENTERPRISES, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feet(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ASAF FISS Name of Person TALUSH ENTERPRISES, LLC Firm/Campany T389 UNIVERSAL BLVD #1107S Address ORLANDO FL 32819 City/State and Zip Code INGRID@APLUSACCOUNTING_COM E-and address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Cortified Copy (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed) Status & Certifi	TO: Registration S	ection		<i>.</i>	
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City/State and Zip Code INGRID@APLUSACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ASAF FISS Name of Person At (305) 527-3383 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: [2] \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Pivision of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building					
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ARTI		RGANIZATION		19 AM 8: 50
TAL (<u>Name of the Limited</u> (A	USH ENTER Liability Compan Florida Limited Li	PRISES, LLC y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Li	ability Company v	vere filed on	1/4/11	and assigned
Florida document number L11000001	388			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liabil	<u>ity company here</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company," the	designation "L	LC" or the abbrevia
Enter new principal offices address, if applic	able:	7389 UNIVERSAL		75
(Principal office address MUST BE A STREE	REET ADDRESS) ORLANDO FL 32		19	
		······································		·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or the new registered of			ords, <u>enter t</u>	<u>he name of the n</u>
Name of New Registered Agent:	ASAF FISS			
New Registered Office Address:	7389 UNIVE	RSAL BLVD #1107S		
	Enter Flo		rida street address	
	Of	RLANDO City	_, Florida	32819 Zip Code
		Cuy		zip Coue

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

Page 1 of 2

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

•-

| | |

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<u>Title</u>	Name	Address	Type of Action
MGRM	SUISSA TAL	2912 GRAFTON DRIVE KISSIMMEE FL 34741	Add ☑ Remove —
<u> </u>			Add Remove
			_ Add _ Remove
•	<u> </u>		_ Add _ Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	-
 Dated	bi 12		FILED DIVISION OF CORPOR
- 		authorized encoded a member RESIDENT printed name of signce	8: 50
		. 5	

Page 2 of 2

Filing Fee: \$25.00