

# L11000099739

\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

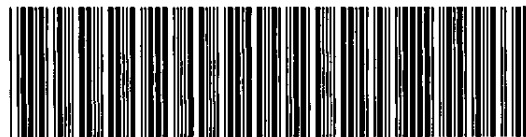
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL 10 2012  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ILLUMINATION 10 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:

**Maria Silvia Trujillo Galeano**

Name of Person

**ILLUMINATION 10 LLC**

Firm/Company

**8249 NW 36th Street**

Address

**Sunrise, FL 33351**

City/State and Zip Code

**msilviatrujillo@yahoo.com**

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

For further information concerning this matter, please call:

**Maria Silvia Trujillo Galeano**

Name of Person

at ( **954** )

**274-3502**

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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ILLUMINATION 10 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 08/30/2011 and assigned  
Florida document number L11000099739.

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:**

9257 W. Atlantic Blvd

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Springs, FL 33071

**Enter new mailing address, if applicable:**

8249 N.W. 36th Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Sunrise, FL 33351

**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:

Maria Silvia Trujillo Galeano

New Registered Office Address:

9257 W. Atlantic Blvd

*Enter Florida street address*

Coral Springs

, Florida

33071

*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.*

*Maria Silvia Trujillo Galeano*  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria Silvia Trujillo Galeano	8249 N.W. 36th Street Sunrise, FL 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ALON BATZRI	2410 Marina Bay Drive East #210 Ft Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input 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 April 30, 2012

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Alon Batzri  
\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ASSIGNMENT/TRANSFER OF LLC MEMBERSHIP INTEREST  
OF ILLUMINATION 10 LLC**

Pursuant to the Agreement by and between ALON BATZRI, manager and sole member, Seller and MARIA SILVIA TRUJILLO GALEANO as Buyer, and the Seller acknowledges having received consideration and for additional value received the undersigned, ALON BATZRI hereby sells, assigns, and transfers to MARIA SILVIA TRUJILLO GALEANO his entire membership interest totaling 100% of the interest in ILLUMINATION 10 LLC and all interest represented thereby, and does hereby irrevocably constitute and appoint MARIA SILVIA TRUJILLO GALEANO his attorney to transfer such Membership Interest on the books of ILLUMINATION 10 LLC.

Dated: April 30, 2012

  
\_\_\_\_\_  
ALON BATZRI, Seller

  
\_\_\_\_\_  
MARIA SILVIA TRUJILLO GALEANO, Buyer

Witness:   
\_\_\_\_\_

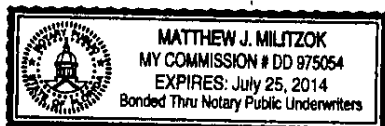
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STATE OF FLORIDA  
COUNTY OF BROWARD

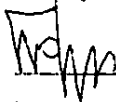
The foregoing instrument was acknowledged before me this 30th day of April, 2012 by ALON BATZRI. He \_\_\_\_\_ is personally known to me or X has produced a driver's license as identification. 8326-017-65-368-0

NOTARY SEAL

My commission expires:



NOTARY PUBLIC:

  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name