

L11000143804

(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



500248342645

06/04/13--01015--017 **30.00

FILED
13 JUN -4 PM 4:15
TALLAHASSEE, FLORIDA
DEPT OF STATE

JUN 05 2013
D. BUTLER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **TekFusion, LLC**

Name of Limited Liability Company

FILED
13 JUN -4 PM 4:15
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Matthias Jaeger

Name of Person

Tekligo, LLC

Firm/Company

4759 Cypress Street

Address

Coconut Creek, FL 33073

City/State and Zip Code

matt@tekfusiononline.com

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

For further information concerning this matter, please call:

Matthias Jaeger

Name of Person

at (**561**) **632-1591**

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

TekFusion, LLC

Page 1 of 3

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:

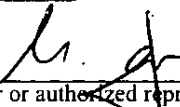
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 JUN +4 PM 4:15
COLLIER COUNTY, FLORIDA

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

Dated 5/28/2013



Signature of a member or authorized representative of a member

Matthias Jaeger

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 JUN -4 PM 4:16
TALLAHASSEE, FLORIDA