

L12000025626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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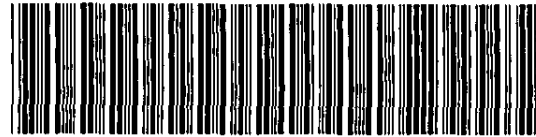
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EXAMINER



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12 DEC -6 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2012

PERLA HOFFMAN  
TU CONEXION ESPIRITUAL, LLC  
8490 S. LAKE FOREST DRIVE  
DAVIE, FL 33328

SUBJECT: TU CONEXION ESPIRITUAL, LLC  
Ref. Number: L12000025626

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TALLAHASSEE, FLORIDA

Please note that NO PAYMENT was received with this filing, that NO PAYMENT has been retained, and that the filing is being returned UNFILED.

Please return your amendment with a check for at least \$25.00.

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 312A00028342

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Tu Conexion Espiritual, 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:

**Perla Hoffman**

Name of Person

**Tu Conexion Espiritual, LLC**

Firm/Company

**8490 S Lake Forest Dr**

Address

**Davie, Florida 33328**

City/State and Zip Code

**PerlaHoffman@aol.com**

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

For further information concerning this matter, please call:

**Perla Hoffman**

Name of Person

**954 309-0837**

at ( )

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

**FILED**  
**12 DEC -6 PM 4:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

Tu Conexion Espiritual, LLC

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

**FILED**  
12 DEC -6 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/22/2012 and assigned  
Florida document number L 12000025626.

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)**

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

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

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luisa Chesneau	8490 S. LAKE FOREST DR.	<input type="checkbox"/> Add
		DAVIE, FLORIDA 33328	<input checked="" type="checkbox"/> Remove
MGRM	AVERY RAPAPORT	248 Three Island BLVD	<input checked="" type="checkbox"/> Add
		#108	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	
MGRM	Richard E Hoffman	8490 S. LAKE FOREST DR	<input checked="" type="checkbox"/> Add
		DAVIE, FLORIDA 33328	<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

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

EACH MGRM OWNS 25% of the LLC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 24, 2012.

Perla Hoffman

Signature of a member or authorized representative of a member

PERLA HOFFMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00