

L13000132957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

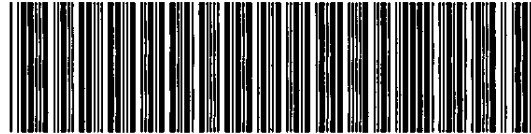
(Business Entity Name)

(Document Number)

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

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2014 NOV -3 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan NOV -4 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KEREN-TZUR GROUP, 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:

**ROEE KEREN-TZUR**

Name of Person

Firm/Company

**10615 NW 12TH COURT**

Address

**PLANTATION, FL 33322**

City/State and Zip Code

**KERENTZURGROUP@GMAIL.COM**

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

For further information concerning this matter, please call:

**ROEE KEREN-TZUR**

**305 915-5518**

Name of Person

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

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KEREN-TZUR GROUP, LLC

Page 1 of 3

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROEE KEREN-TZUR	10615 NW 12TH COURT	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input checked="" type="checkbox"/> Remove
MGRM	KEREN-TZUR FAMILY TRUST	151 N NOB HILL ROAD	<input checked="" type="checkbox"/> Add
		SUITE 260	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	
			<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

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

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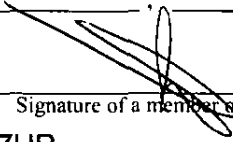
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/24 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**ROEE KEREN-TZUR**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**