

L14000001630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

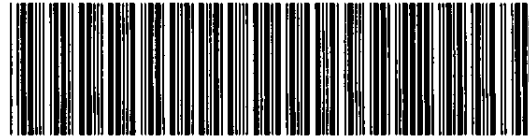
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255549687

01/21/14--01048--010 **25.00

FILED
14 JAN 21 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch JAN 28 2014

P

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TEAMI, 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:

ARIE A TAYKAN

Name of Person

ARIE A TAYKAN & COMPANY

Firm/Company

7880 N UNIVERSITY DRIVE #201

Address

TAMARAC, FL 33321

City/State and Zip Code

JULIEM@TAYKANCPA.COM

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

For further information concerning this matter, please call:

ARIE A TAYKAN

Name of Person

at **954 722-9250**

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

TEAMI, 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>
			<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

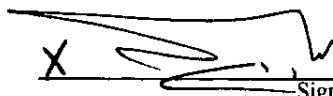
FILED
 14 JAN 21 AM 11:02
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

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

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 JANUARY 15, 2014

X 

Signature of a member or authorized representative of a member

YOGEV MALUL

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 JAN 21 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA