

L14000003013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

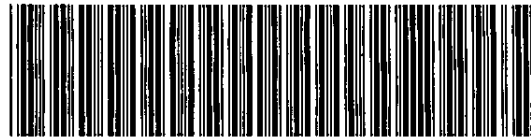
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

B. BOSTICK

JAN 29 2014

EXA 4THIER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TAIZURI HOLDINGS 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:

**Guy Kleinboim**

Name of Person

**Glaser & Co Law Offices**

Firm/Company

**Jabotinsky 7 St**

Address

**Ramat-Gan Israel 52520**

City/State and Zip Code

**Guy@glaser-law.co.il**

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

For further information concerning this matter, please call:

**Guy Kleinboim**

Name of Person

at **972 36114920**

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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TALLAHASSEE, FL 32301

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TAIZURI HOLDINGS 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>
AP	DAN KEEN	3030 N ROCKY POINT DR. STE 150A	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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MILWAUKEE

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

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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 1/21, 2014

Signature of a member or authorized representative of a member

TAIR WEKSELMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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