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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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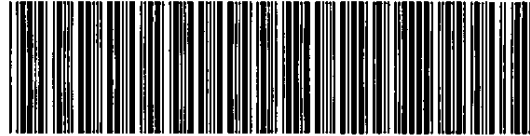
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TALLAHASSEE, FLORIDA

JUN 15 2016  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DTEB IT CONSULTING, 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:

YOGEV KARNY

\_\_\_\_\_  
Name of Person

MORTY ETGAR, PA.

\_\_\_\_\_  
Firm/Company

3363 SUNNY ISLES BLVD

\_\_\_\_\_  
Address

NORTH MIAMI BEACH FLORIDA 33160

\_\_\_\_\_  
City/State and Zip Code

YOGEVKARNY@GMAIL.COM

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

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For further information concerning this matter, please call:

YOGEV KARNY

305 577-0454

\_\_\_\_\_  
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

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

DTEB IT CONSULTING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/05/2014 and assigned  
Florida document number L14000072876.

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 contain 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:

SANDRA ASHKENAZI JAROSLAVSKY

New Registered Office Address:

8809 CAMERON CREST DR

Enter Florida street address

TAMPA

City

Florida 33626

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	DTEB SOUVENIR DEPOT CORP	9949 NW 89 AVENUE #3	<input type="checkbox"/> Add
		MIAMI, FLORIDA	<input checked="" type="checkbox"/> Remove
		33178	<input type="checkbox"/> Change
MGR	SANDRA ASHKENAZI JOROSL	8809 CAMERON CREST DR	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA	<input type="checkbox"/> Remove
		33626	<input type="checkbox"/> Change
MGR	MATI MUSRY	8809 CAMERON CREST DR	<input checked="" type="checkbox"/> Add
		TAMPA FLORIDA	<input type="checkbox"/> Remove
		33626	<input type="checkbox"/> Change
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 07, 2016

SANDRA ASHKENAZI JAROSLAVSKY

Typed or printed name of signee