

LB000024019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

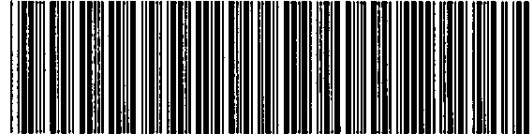
(Business Entity Name)

(Document Number)

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MAR 27 2015  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tech Brainz, 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:

Dave Valbrun  
Name of Person

Firm/Company

599 Well Lane  
Address

Delray Beach, FL, 33445  
City/State and Zip Code

Dave Valbrun@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Valbrun at (561) 997-4904  
Name of Person 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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Tech Brainz, LLC

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**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR Carmwest Valbrun

☐ Add

AMBR      DAVE VALBRUN

☒ Add

[Remove](#)

\_\_\_\_\_ 153 ☐ Add

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_, \_\_\_\_\_

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

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

**Page 3 of 3**  
**Filing Fee: \$25.00**

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