

L5000123878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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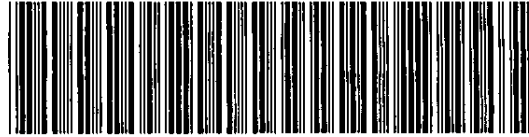
(Business Entity Name)

(Document Number)

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AUG 04 2015

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TALALON 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:

SHMUEL MEERSOHN  
Name of Person

21436 ST ANDREWS BLVD #161  
Firm/Company  
Address

BOCA RATON FL 33433  
City/State and Zip Code

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

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15 AUG -3 PM 4:01  
TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

SHMUEL MEERSOHN at 954, 348 0719  
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

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

TALALON HOLDINGS 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 7/20/15 and assigned  
Florida document number L15000123878.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LEETAL HOLDINGS LLC

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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15

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated**

7/29/15

S. Meersohn

Signature of a member or authorized representative of a member

SHMUEL MEERSOHN

Typed or printed name of signee

**Detail by Entity Name****Florida Limited Liability Company**

TALALON HOLDINGS LLC

**Filing Information**

Document Number	L15000123878
FEI/EIN Number	NONE
Date Filed	07/20/2015
Effective Date	07/20/2015
State	FL
Status	ACTIVE

**Principal Address**

9858 GLADES RD  
#220  
BOCA RATON 33434

**Mailing Address**

9858 GLADES RD  
#220  
BOCA RATON 33434

**Registered Agent Name & Address**

GOMEZ, MICHAEL W  
1930 TYLER ST  
HOLLYWOOD, FL 33020

**Authorized Person(s) Detail****Name & Address**

Title MGR

ALON, TAL  
21346 ST ANDREWS BLVD # 161  
BOCA RATON, FL 33433

Title MGR

ALON, OFER  
21346 ST ANDREWS BLVD # 161  
BOCA RATON, FL 33433

Title MGR

MEERSOHN, SHMUEL  
21346 ST ANDREWS BLVD # 161  
BOCA RATON, FL 33433

**Annual Reports****No Annual Reports Filed****Document Images**

07/20/2015 -- Florida Limited Liability [View image in PDF format](#)

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