

L16000101380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

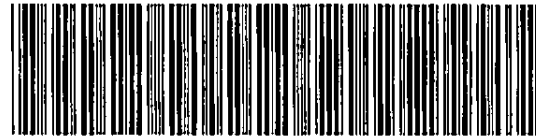
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/15/17--01026--015 \*\*25.00

FILED  
2017 AUG 31 PM 3:50  
STATE DEPT OF SOUTHERN  
FLORIDA

K. SALY

SEP - 1 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2017

TESLA ELECTRONICS LLC  
600 BYPASS DR, UNIT 215  
CLEARWATER, FL 33764

SUBJECT: TESLA ELECTRONICS LLC  
Ref. Number: L16000101380

We have received your document for TESLA ELECTRONICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page and a print out of your information for your convenience. Please fill out and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 517A00017034

RECEIVED  
2017 AUG 31 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TESLA ELECTRONICS, 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:

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

TESLA ELECTRONICS, LLC  
Firm/Company

600 BYPASS DR UNIT 215  
Address

CLEARWATER FL 33764  
City/State and Zip Code

INFO@TESLA-ELECT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
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**

TESLA ELECTRONICS, LLC

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

FILED  
2017 AUG 31 PM 3:50

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/24/2016 and assigned  
Florida document number L16000101380.

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: \_\_\_\_\_

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>
<u>OWNER</u>	<u>DANIJELA MULLER</u>	<u>600 BYPASS DR</u>	<input checked="" type="checkbox"/> Add
		<u>UNIT 215</u>	<input type="checkbox"/> Remove
		<u>33764 CLEARWATER, FL</u>	<input type="checkbox"/> Change
<u>OWNER</u>	<u>SAMIRA KARIC</u>	<u>600 BYPASS DR</u>	<input checked="" type="checkbox"/> Add
		<u>UNIT 215</u>	<input type="checkbox"/> Remove
		<u>33764 CLEARWATER, FL</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>JASMIN KARIC</u>	<u>600 BYPASS DR</u>	<input type="checkbox"/> Add
		<u>UNIT 215</u>	<input checked="" type="checkbox"/> Remove
		<u>33764 CLEARWATER, FL</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>EDWARD WILLIAM MULLER</u>	<u>600 BYPASS DR</u>	<input type="checkbox"/> Add
		<u>UNIT 215</u>	<input checked="" type="checkbox"/> Remove
		<u>33764 CLEARWATER, FL</u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FL 33009

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

FILED  
2017 AUG 31 PM 3:50  
CLERK OF DISTRICT COURT  
JESSAMINE COUNTY  
FLORIDA

E. Effective date, if other than the date of filing: 08/15/2017 (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 08/14, 2017

Yasun? Kane  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JASMIN KARIC

Typed or printed name of signee