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(Requestor	's Name)
(Address)	
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(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:





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## **COVER LETTER**

TO: , Registration Section Division of Corporations
SUBJECT: Tek Universe 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:
Yassel Sayyah
Name of Person
Firm/Company
15650 SW 145 CT Address
Address
Miami, FL 33177
Miami, FL 33177  City/State and Zip Code  Sayyah @ gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vasser Sayyah at (203) 583-5100
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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**

Tek Universe (Name of the Limited Liabil) (A Florid	ity Company as it now appears of a Limited Liability Company)	on our records.)	_
The Articles of Organization for this Limited Liability C		7/19/2016 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here	:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	gnation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)		8
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u>G</u> #
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter the nan</u>	ne of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	a street address	
		, Florida	
Name Designation and A membra Classic states of the service Designation	City	Zip Co	de
New Registered Agent's Signature, if changing Registere	a Agent:	7.6 4	1 1,3

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Tarik Dahiry	15650 SW 145 CT Miami, FL	3177 OF Add
			□ Remove
	2		Change
AMBR	Yasser Sayyah	15650 SW 145 CT Migmi, FL	77 12 Add
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	Signa	nture of a member or	authorized represer	ntative of a member		
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		Typed or	printed name of sig	nee		//////////////////////////////////////
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Page 3 of 3

Filing Fee: \$25.00