

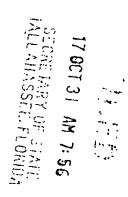
(Requestor's Name)
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10/31/17--01009--002 **25.00



COVER LETTER

SUBJECT: TESHURUN, 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:
Karlene Graif Dawkins
International haw Group
1570 Lakenew Dr #2B
Sebring, Fl 33870 City/State and Zip Code
E-mail edd/ess: (ty be used/for future annual report notification)
For further information concerning this matter, please call:
Name of Person Dawkir6 at (862) 402 9194 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certific

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

(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 $\frac{D8/18/17}{4000177096}$ and assigned Florida document number $\frac{L17000177096}{4000177096}$	
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) SEBRING PKWAY #/25 SEBRING PKWAY #/25	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX] [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 registered agent and/or the new registered office address here:	new o
Name of New Registered Agent:	_
New Registered Office Address:	_
Enter Florida street address , Florida	•
City Zip Care	_

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> **Type of Action** Address <u>Name</u> 4200 Sebring Parkway #125 Sebring, FL 33870 Kardon Alliance, LLC ☐ Remove _□ Change MGR Dawkins, Donald □ Add □ Change _□ Add ☐ Remove _□ Change _ 🗆 Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change

Effective date, if other than the date of filing:			
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Filing Fee: \$25.00