

LOB0000065934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

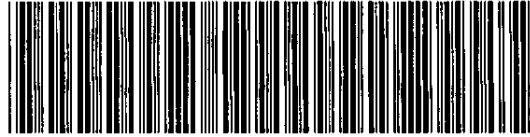
(Business Entity Name)

(Document Number)

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2015 JUN -1 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TLSY, 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:

DAVID FERNANDEZ, ESQ
Name of Person

FERNANDEZ BENJAMIN PLLC
Firm/Company

5710 5th AVE N
Address

ST PETERSBURG FL 33710
City/State and Zip Code

DAVID@FERNANDEZBENJAMIN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID FERNANDEZ at (707) 565-0930
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

FILED
2015 JUN -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TLSY, 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 6/29/2006 and assigned Florida document number LO6000065934.

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)

1180 8th AVE WEST #217

PALMETTO FL 34221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1180 8th AVE WEST #217

PALMETTO FL 34221

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:

FERNANDEZ BENJAMIN PLLC

New Registered Office Address:

5716 5th AVE N.

Enter Florida street address

ST. PETERSBURG
City

Florida 33710
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>MGR</u>	<u>ANATOLY MIROSHENKO</u>	<u>117 ORTEGA PLACE</u>	<input type="checkbox"/> Add
		<u>NORTH PORT, FL 34287</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>YURIY GULENKO</u>	<u>2458 SALMISTA TERRACE</u>	<input type="checkbox"/> Add
		<u>NORTH PORT FL 34287</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>SARKIS KONSULIAN</u>	<u>9016 HILOLO LANE</u>	<input type="checkbox"/> Add
		<u>VENICE FL 34293</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>LARIYA DOROSHENKO</u>	<u>2458 SALMISTA TERR</u>	<input type="checkbox"/> Add
		<u>NORTH PORT FL 34287</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>RS CARES FOUNDATION, CORP</u>	<u>1718 MAIN STREET SUITE 200A</u>	<input checked="" type="checkbox"/> Add
		<u>SARASOTA FL 34236</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>MILESTONE REHAB & DEVELOPMENT, LLC</u>	<u>19089 NARIMORE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAND O LAKES FL 34638</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

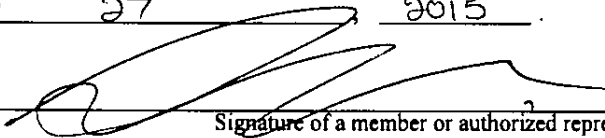
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 27 2015


Signature of a member or authorized representative of a member

SARKIS KONSULIAN
Typed or printed name of signee