## 111000048264

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO

T. CLINE
JUN - 1 2011
EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co					
SUBJECT:			RVIC LLC			
30031	EC1.		ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please	return all correspondent	ondence concerning this matte	r to the following:			
ELENA SOSNOVSKAYA						
			Name of Person			
<del></del>		Firm/Company				
2200 NE 11 STREET Address						
HALLANDALE, FL 33009				2011 NAY 3 SECRE TAR	q	
	City/State and Zip Code					Signal Si
For fur	ther information of	E-mail address: (concerning this matter, please of	to be used for future annual report	notification)	Y OF STATE	
		SOSNOVSKAYA	at ( 954 )	699-5969	9.39 ATE RIDA	
	Name o	of Person		ytime Telephone Numbe	r	
Enclos	ed is a check for t	he following amount:				
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified	ite of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildir	rporations ng e Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ERVIC LLC		
( <u>Name of the Limited Liability</u> (A Florida)	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L11000048264	Company were filed on	04/25/2011	and assigned
Tionda document number	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa		LC" or the abbreviation
Enter new principal offices address, if applicable:		,	
(Principal office address MUST BE A STREET ADDR	DECC)		·
Trincipus office unuress most BE A STREET ADDR	<u></u>		Ze Ze
Enter new mailing address, if applicable:		9	2 Δ 2 Δ 2 Δ
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
	<del> </del>		
B. If amending the registered agent and/or regist	tered office address on o	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office add	ress here:		
News (N. D. 14			
Name of New Registered Agent:			
New Registered Office Address:			
	ter Florida street add	ress	
	<u> </u>	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name 1 <u>Address</u> **Type of Action** MGR VIKTORIYA Y TSZYU 301 174 STREET, APT, 1407 ✓ Add SUNNY ISLES BEACH, FL 33160 Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 26 2011 Dated \_\_\_ Signature of member or authorized representative of a member

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JEGORS JELINS
Typed or printed name of signee

Filing Fee: \$25.00