

LI1000088838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

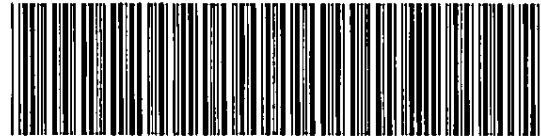
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL -5 PM 4: 24
OFFICE OF THE
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JUL 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERSHIN HOUSES 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:

VITALIY PERSHIN
Name of Person

PERSHIN HOUSES LLC
Firm/Company

7144 STIRLING RD UNIT 173
Address

HOLLYWOOD FL 33024
City/State and Zip Code

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

For further information concerning this matter, please call:

VITALIY PERSHIN at (954) 614-0878
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**

PERSHIN HOUSES 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 08/03/2011 and assigned Florida document number L11000088838.

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)

3001 W HALLANDALE BEACH BLVD

SUITE 104

PEMBROKE PARK, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3001 W HALLANDALE BEACH BLVD

SUITE 104

PEMBROKE PARK, FL 33009

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:

3001 W HALLANDALE BEACH BLVD SUITE 104

Enter Florida street address

PEMBROKE PARK

City

Florida

2010 JUL - 5 PM
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-24-10 BY 60322/UC/STP

33009

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>
AMBR	PERSHIN, VITALIY	7144 STIRLING RD	<input type="checkbox"/> Add
		SUITE #173	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL. 33024	<input type="checkbox"/> Change
AMBR	PERSHIN, VITALIY	3001 W HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		PEMBROKE PARK, FL. 33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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. A stamp is visible on the right side of the lines, oriented vertically, with the text: 2018 JUL - 5 PM 4: 24. Below the stamp, there is some illegible text, possibly 'RECEIVED' and 'SECRET'.

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

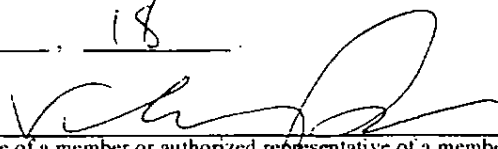
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 7 - 1 - 18


Signature of a member or authorized representative of a member

PERSHIN, VITALIY
Typed or printed name of signee