

L12000011101

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15 MAR 24 PM 1:20
TALLAHASSEE, FLORIDA

MAR 25 2015

T. BROWN

Amroad

685. 5091

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENTERVENDING 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:

EVGENII IANCHIK

Name of Person

ENTERVENDING LLC

Firm/Company

4700 N DIXIE HIGHWAY # 12

Address

OAKLAND PARK FL 33334

City/State and Zip Code

info@entervending.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVGENII IANCHIK

954

616 5658

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2015

EVGENII IANCHIK
ENTERVENDING, LLC
4700 N DIXIE HIGHWAY #2
OAKLAND PARK, FL 33334

SUBJECT: ENTERVENDING, LLC
Ref. Number: L12000011101

We have received your document for ENTERVENDING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 015A00005097

RECEIVED
15 MAR 24 AM 10:00
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
15 MAR 24 PM 1:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

INTERVENDING 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 01/24/2012 and assigned Florida document number L1200011101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EFFECTIVE DATE
4-1-15

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 | EVGENII IANCHIK | 4700 N Dixie Highway # 12 | <input checked="" type="checkbox"/> Add |
| | | Oakland Park FL 33334 | <input type="checkbox"/> Remove |
| MGR | EVGENII IANCHIK | 4700 N Dixie Highway # 12 | <input type="checkbox"/> Add |
| | | Oakland Park FL 33334 | <input checked="" type="checkbox"/> Remove |
| AMBR | Denis Polyansky | Sadovaya,19-530 | <input checked="" type="checkbox"/> Add |
| | | D.Putilkovo,Russia,Ru.143441 | <input type="checkbox"/> Remove |
| MGRM | Denis Polyansky | Sadovaya,19-530 | <input type="checkbox"/> Add |
| | | D.Putilkovo,Russia,Ru.143441 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

E. Effective date, if other than the date of filing: March 9, 2015 April 1, 2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 2, 2015



Signature of a member or authorized representative of a member

EVGENII IANCHIK

Typed or printed name of signee

J