

L120000014002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

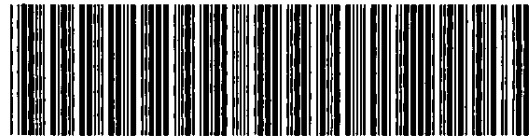
(Business Entity Name)

(Document Number)

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FILED  
12 AUG 13 PM 4:23  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 14 2012  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TSM PROPERTIES, 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:

TIMUR MONASTYRSKY

Name of Person

TSM PROPERTIES, LLC

Firm/Company

17201 COLLINS AVE., APT.1506

Address

SUNNY ISLES, FL 33160

City/State and Zip Code

TIMURSBP@HOTMAIL.COM

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

For further information concerning this matter, please call:

TIMUR MONASTYRSKY

Name of Person

at ( 305 )

335-6067

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

12 AUG 13 PM 4:23  
TALLAHASSEE, FL 32301

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

**TSM PROPERTIES, 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 JANUARY 30, 2012 and assigned Florida document number L12000014002.

This amendment is submitted to amend the following:

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

N/A

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)**

17201 COLLINS AVE., APT. 1506

SUNNY ISLES, FL 33160

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

17201 COLLINS AVE., APT. 1506

SUNNY ISLES, FL 33160

**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:

TIMUR MONASTYRSKY

New Registered Office Address:

17201 COLLINS AVE., APT. 1506

*Enter Florida street address*

SUNNY ISLES

Florida

33160

*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.*

*(Signature)*  
**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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                                          | <u>Type of Action</u>                                                      |
|--------------|-------------------|---------------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | SLAVA MONASTIRSKY | 16699 COLLINS AVE., SUITE 3403<br>SUNNY ISLES, FL 33160 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                   |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

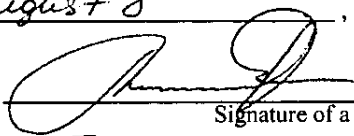
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF FLORIDA

12 AUG 13 PM 4:23

Dated August 8, 2012



Signature of a member or authorized representative of a member

Timur Monastyrsky

Typed or printed name of signee