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SECRETARY OF STATE
TALL ABASSES FLORIDA

J. Shivers DEC 2 2 2014

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COVER LETTER

·		TO: Registration Sec Division of Corp
С	REM	eubiret.
Company	Name of Limi	SUBJECT:
ling.	Amendment and fee(s) are sub-	The enclosed Articles of A
ving:	ndence concerning this matter	Please return all correspon
ESTONE	N	
of Person		
ONE AND MILESTONE	MUROFF,	
Company		
1st Street, Suite 709	2999 Nor	
ldress		
a, FL 33180		
and Zip Code		
gmail.com future annual report notification)		
ruture annual report notification)	oncerning this matter, please ca	Esa finikan information acc
305 682-2324	-	Neil Mile
rea Code Daytime Telephone Number	Person	Name of
	e following amount:	Enclosed is a check for the
O Filing Fee & S60.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed)	□ \$30.00 Filing Fee & Certificate of Status	■ \$25.00 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		Registrat Division P.O. Box
STREET/COURIER ADDRESS: Registration Section Division of Corporations	tion Section of Corporations	Registrat Division P.O. Box

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMAKS, 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 10, 2014 and assigned Clorida document number L14000005307
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:
TAS: 1
Name of New Registered Agent:
New Registered Office Address:
m · ·
City , Florida ,
lew Registered Agent's Signature, if changing Registered Agent:
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATALIA ROGALSKAYA	1990 NE 163rd STREET, SUITE 200	
		NORTH MIAMI BEACH, FL 33162	■ Remove
MGR	ANATOLY PETUKHOV	11098 BISCAYNE BLVD., SUITE 401	■ Add
		MIAMI, FLORIDA 33161	□ Remove
			Remove
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		ï	CROREGE 18 P
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			Remove

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Sective date, if other than the effective date must be specific, can date this document is filed by the	nnot be prior to date of receipt or filed date and cannot be more than 90 days after
December 17	2014

Page 3 of 3

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