LISCOOI44534

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	1514 Island,	LLC			
GODGECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	ali correspon	dence concerning this matter	to the following:		
		Anna Kruglova-Arutyunya	n		
			Name of Person	***	_
		1514 Island, LLC			
			Firm/Company		-
		3000 NE 188th Street, Suit	e 504		
		 	Address		_
		Aventura, FL 33160			
			City/State and Zip Code		-
		anna_kruglova@rambler.ru			
			to be used for future annual re	port notification)	
For further in	formation co	ncerning this matter, please ca	ıll:		
Anna Kruglo	va-Arutyuny	an	305 213-	0666	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	e following amount:			
\$25.00 Fi	lling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ite of Status &

MAILING ADDRESS:

TO:

Registration Section

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

FILED

OF

2015 NOV 30 PM 4: 04

1514 Island, LLC

company has been notified in writing of this change.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 Florida document number $\frac{L15000144534}{L15000144534}$.	were filed on 08/24/2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3000 NE 188th Street, Suite 504			
(Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33160			
Enter new mailing address, if applicable:	3000 NE 188th Street, Suite 504			
· · · · ·	Aventura, FL 33160			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
·	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•	Dip Code		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and I corovided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

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>	Type of Action
AMBR	Anna Kruglova-Arutyunyan	3000 NE 188th Street, Suite 504	
		Aventura, FL 33160	☐ Remove
			Change
AMBR	Margarita Nerodenkova-Kruglova	3000 NE 188th Street, Suite 504	B Add
		Aventura, FL 33160	Remove
			Change
			Remove
			Change
	41		Add
			Remove
			Change
4			
			Remove
			Change
			☐ Remove
			Change

. If amending any other info	mation, enter chang	ge(s) here: (Atta	ach additional sh	eets, if necessary	.)		
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cann is block does not meet	the applicable sta					
the record specifies a dela) The 90th day after the	yed effective date record is filed.	, but not an e	ffective time, a	at 12:01 a.m. o	on the ear	lier	of:
Dated November 10	20	015					
12							
-/	Signature of a memb		-				
50502	Hobe, attor.	ree fa	nearly + 5	yisteredge.	1		

Page 3 of 3

Filing Fee: \$25.00