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COVER LETTER

TO:	Registration Se Division of Cor			
Grin II		ENT IN MIAMI LLC		
SUBJE	ССТ:		ited Liability Company	
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		YURY MOSHA		
			Name of Person	
		INVESTMENT IN MIAM	ILLC	
			Firm/Company	
		16950 N BAY RD APT 2	309	
			Address	
		SUNNY ISLES BEACH,	FL 33160	
			City/State and Zip Code	
		YURYMOSHA@GMAIL.	COM to be used for future annual report notifi	
For fur	ther information e	oncerning this matter, please e	·	cation)
YURY	MOSHA		646 4770500	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (udditional 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

(<u>Name of the Limited Liability Company</u> as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number 1.16000007769	e filed on 01/11/2016	and assigned
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 C	ompany," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		0
(Principal office address MUST BE A STREET ADDRESS)		- F
<u> </u>		9 8 T
		CF 00 1
Enter new mailing address, if applicable:		8 PH 2: 31
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		္ မွ
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new
New Registered Office Address:	Emer 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 provisions of all statutes relative to the proper and complete pergaccept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office add company has been notified in writing of this change.	formance of my duties, and I am fami ided for in Chapter 605, F.S. Or, if th	iliar with and his 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>	Name Address		Type of Action		
MGR	SERGUI IVANTOK	16950 N BAY RD APT 2309	■ Add		
		SUNNY ISLES BEACH	□ Remove		
		FL 33160	☐ Change		
MGR	DMITRII BAILUK	16950 N BAY RD APT 2309	_ Add		
		SUNNY ISLES BEACH	Remove		
		FL 33160			
MGR IRYNA PETF	IRYNA PETROVSKA	16950 N BAY RD APT 2309	□ ∧dd		
		SUNNY ISLES BEACH	☐ Remove		
		FL 33160	Change		
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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>	Address	Type of Action		
MGR OLEG MARKELOV		16950 N BAY RD APT 2309	∧dd		
		SUNNY ISLES BEACH	□ Remove		
		FL 33160	☐ Change		
MGR	SEGRII OLIYNYK	16950 N BAY RD APT 2309			
		SUNNY ISLES BEACH	☐ Remove		
		FL 33160	Change		
MGR	LIUDMILA KAZAKOVA	16950 N BAY RD APT 2309	• ∧dd		
		SUNNY ISLES BEACH	Remove		
		FL 33160	Change		
MGR	SERGEI KOLOMIN	16950 N BAY RD APT 2309			
		SUNNY ISLES BEACH	SI OC T		
		FL 33160	Olygon Con Change 2: 39		
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and ca does not me	annot be prior to da et the applicable	te of filing or r statutory fili	nore than 90 da ng requiremen	(optional) ys after filing. nts, this date) Pursuant to 60 will not be lis	05,0207 (sted as t	(3)(b) he
the record specifies a delayed ef) The 90th day after the record	fective da	te, but not an	effective	time, at 12	!:01 a.m.	on the earl	lier of:	
Dated October 12	······································	2016	/					
				W	2	, ,		
Sign	nature of a me	mber or authorized	representativ	e of a member				
YURY MOSHA		yped or printed na						

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Filing Fee: \$25.00