117000083207

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
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COVER LETTER

то:	Registration Se Division of Cor			
CHBIC		ard Mortgage LLC		
SUBJEC	.l:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Yuri Baturenko		
			Name of Person	<u></u>
		The Vanguard Mortgage L	LC	
			Firm/Company	
		1200 N Federal Hwy Ste 2		
			Address	
		Hollywood FL 33020		
			City/State and Zip Code	
		baturenchik@gmail.com	to be used for future annual report:	natification
For furth	ner information c	oncerning this matter, please ca		ionicalion,
Yuri Bat	turenko		754-444-	6868
	Name o	f Person	at () Area Code Day	rtime Telephone Number
Enclosed	l is a check for the	he 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:

TO:

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**

The Vanguard Mortgage LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L17000083207	ity Company were filed on 04/13/2017	and assigned
This amendment is submitted to amend the followin	g:	
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 Company," the designation "LLC" or	the abbrevitation "LAC."
Enter new principal offices address, if applicable	:	7 JUL T
(Principal office address MUST BE A STREET A	DDRESS)	9 -
		OF COCASOCALION
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u></u>
B. If amending the registered agent and/or rregistered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:	W-1.4-2-	
New Registered Office Address:	Enter Florida street address	
	Floric	da.
-	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 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			
AMBR	Svyatoslav Mangushev	1155 Brickel Bay Dr 3205,	□ Add			
		Miami FL 33139	■ Remove			
			☐ Change			
AMBR	Yuri Baturenko	3801 S Ocean Dr 7W				
		Hollywood FL 33019	Remove			
						
			PO AND TO A STORE Remove			
			DIVISION OF COICHARD			
			□ Remove			
			Change			
	- Abril		🗖 Add			
		.	□ Remove			
			Change			
		-	Remove			
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Effective date, if other the lift an effective date is listed, the lift and effective date is listed.	an the date of date must be spe	of filing: _ ecific and can	not be prior	to date of fil	ing or more	than 90 days	optional) after filing.)	Pursuant to 66	05.0207
Note: If the date inserted in document's effective date or	this block do n the Departm	es not meet ent of State	the applicates records.	able statuto	ory filing re	quirements	, this date w	till not be lis	sted as
ne record specifies a d The 90th day after th			e, but no	t an effe	ctive tim	e, at 12:	01 a.m. o	n the earl	lier of
July 18 Dated		2	017						
			6.h		h	2			

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Typed or printed name of signee

Filing Fee: \$25.00