## 48000125029

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## **COVER LETTER**

TO: Registration Se Division of Cor			
MY HOUS			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEONID NERDINSKY		
		Name of Person	
	NERDINSKY LAW GRO	UP	
		Firm/Company	
	3800 S OCEAN DRIVE S	UITE 242	
		Address	<u></u>
	HOLLYWOOD, FL 3301	)	
		City/State and Zip Code	
	LNERDINSKY@NERDIN	SKYLAW.COM to be used for future annual report notif	fication)
For further information of	concerning this matter, please c		,
LEONID NERDINSKY	•	954 2376307	
	of Person	at ()	e Telephone Number
Enclosed is a check for t	<del>-</del>		
S25.00 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)
	JNG ADDRESS: ration Section	STREET/COURI Registration Sectio	
Divisio	on of Corporations	Division of Corpor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY HOUSE #2 LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	. <del></del>	
The Articles of Organization for this Limited Liability Florida document number $\frac{1.18000125029}{1.18000125029}$	y Company were filed on MAY 18, 2018	and assign	ed
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C.	<del></del>
Enter new principal offices address, if applicable:		<b>=</b>	$\leq_{S}$
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>
		N	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			5-
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:  New Registered Office Address:		r the name of	the nev
	, Florida		
<del>-</del>	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 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>	<u>Name</u>	Address	Type of Action
MGR	OLEG PEREKOLSKIY	920 NE 25TH AVE	
		HALLANDALE FL 33009	□ Remove
		·	■ Change
			□ Remove
			☐ Change
		<u> </u>	
			□ Remove
			Change
		_	Add
	· <del>-</del>	☐ Remove	
			☐ Change
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		-		
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior s block does not meet the applic	to date of filing or more than 90 cable statutory. If ling requirement		
If the record specifies a dela- (b) The 90th day after the r		t an effective time, at 1	2:01 a.m. on the earlier	r of:
Dated MAY 23	2018			
	Signature of a member or author	orized representative of a membe	<u> </u>	

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Typed or printed name of signee

Filing Fee: \$25.00