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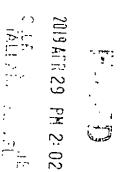
(Red	questor's Name)	
(Add	dress)	
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Certified Copies	Certificates	s of Status
Special Instructions to F		

Office Use Only



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R. WHITE KN - 9 2019

COVER LETTER

TO: Registration Solution of Col			
SUBJECT:	OCOUNE VA Name of Lin	Ablolings nited Liability Company	1-1-C
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Folov</u>	Meva Elevia Name of Person	
	bolovne	VA HOLding	of LC
	2200 Ha	llandale Be	EACH Blvd. 4603
	Hallani	Address Adle Beach	FL 33009
	J. Mail address: (City/State and Zip Code (A A Valingell to be used for future annual report non	P. D. gmuil, Com
For further information e	oncerning this matter, please c	all:	
<u> Colovneva</u>	2 Elaila	at (<u>954</u>) <u>665</u>	- 0458 e Telephone Number
, mine v	· (Cl. V)	,	
Enclosed is a check for th	ne 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:

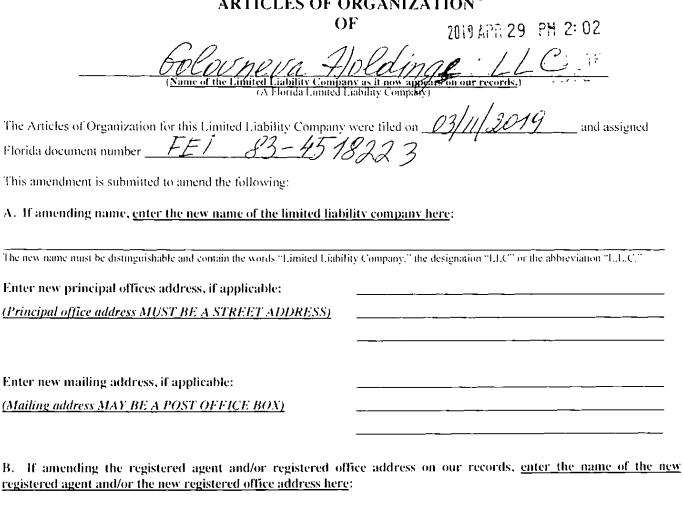
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION



New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Golovneva Eleng	2200 Hallandale Beach Blid # 603 Hallandele 33.009	BenCG F
			Change
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D. If amer	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: 1:	e date, if other than the date of filing:
If the reco (b) The S	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	04/22/2019
	Signature of a member or authorized representative of a member
	Golowne VA FlessA. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00