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Brent E. Baris, P.A. A Law Firm Dedicated to Real Estate Matters

REPLY TO: Gainesville Office - P.O. Box 141653 · Gainesville, FL 32614-1653 · Ph. (352) 375-4050 · Fax (800) 607-5560 Tampa Office - P.O. Box 1303 · Tampa, FL 33601-1303 · Ph. (813) 870-2329 · Fax (800) 670-5560

June 25, 2008

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

Re: Chaven Investments, LLC

To Whom It May Concern:

Enclosed please find check number 556 in the amount of \$135.00 for the filing of the following for the above refer referenced.

Articles of Amendment to Articles of Organization

Resignation of Registered Agent

Resignation of Member

Please contact me if you have any questions or concerns.

Sincerely,

Brent E. Baris, P.A.

Brent Baris, Esq.

For the firm

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Chaven	Investments, LLC			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ited Liability Company)		
	Amendment and fee(s) are sub	_		
riease return an correspo		to the following.		
	Brent E. Baris			
	DIGINE. Dallo	(Name of Person)		
	Brent E. Baris, P.A		7	
	Dione E. Dano, 1.74	(Firm/Company)	2000 JUN SECRETA ALLAHA	77
	IARY ASSE	-		
		(Address)	T P	
	Gainesville, FL 32614	(0), (0, 1, 1, 2), (0, 1)	및	U
		(City/State and Zip Code)	3: 05	
For further information co	oncerning this matter, please c	all:		
Brent E. Baris		at (352) 375-4050		
(Name o	of Person)	(Area Code & Daytime T	Celephone Number)	
Enclosed is a check for the	e 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 enclo	osed)

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

Chaven Investments, LLC					
(Name of the Limited I	iability Compai	ny as it now appears on our r liability Company)	ecords,)		
(A)	Torida Eminted E	haomity Company)			
The Articles of Organization for this Limited Lial	bility Company	were filed on August 08, 20	005 and assigned		
Florida document number L05000082560					
	_ 				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
<u></u>					
The new name must be distinguishable and end with	the words "I imi	ted I ishility Company " the de	esignation "LLC" or the abbreviation		
"L.L.C."	aic words Entir	ned Eleberty Company, the de	₮		
Enter new principal offices address, if applical	ala.	6495 Shiloh Rd. Suite 40	SECRILLAR		
• •					
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Alpharetta, GA 30005	82 0		
					
			F. (c)		
Enter new mailing address, if applicable:		6495 Shiloh Rd. Suite 40	<u> </u>		
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	Alpharetta, GA 30005	05 OS		
B. If amending the registered agent and/or			ds, enter the name of the new		
registered agent and/or the new registered offi	<u>ce address her</u>	<u>e</u> :			
Name of New Registered Agent:	Larisa Plodovs	sky			
New Registered Office Address:	13846 Atlantic Blvd #208				
New Ackinding Office / famesa.	(Enter Florida street address)				
	Jacksonville		mada 32225		
	Jacksonville	(City)	Florida 32225 (Zip Code)		
		7	(

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Arkadiy Dubovoy	3374 Cedar Farms Court Alpharetta, GA 30004	Add Remove
<u>D</u>	Michael F. Balanky	1300 Riverplace Blvd Jacksonville, FL 32207	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	TALLAHASSEE FLORID
Dated June	Signature of a med	mber or authorized reppsentative of a member PlodoVSky pped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00