L13000086741

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COVER LETTER

SUBJECT: MCN	VILL & STE	INBERG CA	PITAL PARTNERS
	Name of Limit	ed Liability Company	1-1-0
			LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	-	•	
	EL	ENA HARR	2/2
	- · · · · · · · · · · · · · · · · · · ·	ENA HARR Name of Person	
MCM	_		TAL PARTNERS
		Firm/Company	LLC
	8 W Mil	L BR # 32	-
		Address	
	GREAT	NECK , NY	11021
		NECK / NY City/State and Zip Code	
	GEORG	SYRU @ MAIL	. RU
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
ELENA	HARRIS	646 286	08819
Name o	f Person	at (646 286 Area Code & Daytim	e Telephone Number
- 6EOR6	y US.OV	0117499	56726336
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCMILL & STEINBERG	CAPITAL PARTNERS
MCM/LL & SFEINBER6 (Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny) LLC
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L130000867</u> 41	
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 end with the words "Limited Liability Co"L.L.C."	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>≂</u> £ 3
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PILED N 21 PN 4: 10 NASSEE, FLORIDA
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	ELENA HARRIS	3001 NE 185 SF Add
		# 605 Remove
		AVENTURA, FL 33180
		Add
		Remove
		
		Add
		Remove 2
	÷	21 PH 4: Add
		Add Add
		Remove
		Add
		Remove
		Add
		Remove

•	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.
	·
_	
_/	1/17/2013, 11/
	Signature of a member or authorized representative of a member
	GEORGY USOV
	Typed or printed name of signee

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