

L13000070168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

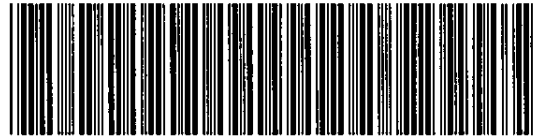
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Argo Family, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dina Nerdinsky, Esq.

Name of Person

Nerdinsky Law Group, P.A.

Firm/Company

3800 S. Ocean Dr., Ste. 222

Address

Hollywood, FL 33019

City/State and Zip Code

dnerdinsky@nerdinskylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dina Nerdinsky

Name of Person

at (954) 237-6307

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
TO
ARTICLES OF ORGANIZATION
OF**

Argo Family, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 14, 2013 and assigned
Florida document number L13000070168.

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 Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

15901 COLLINS AVE 2606

Sunny Isles, FL 33160

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o Sophia Kusher

231 174th Street, Unit 1212

Sunny Isles FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sophia Kushner

New Registered Office Address:

231 174th Street, Unit 1212

Enter Florida street address

Sunny Isles

Florida 33160

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 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.



If Changing Registered Agent, Signature of New Registered Agent

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

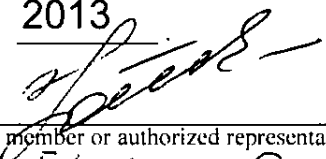
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Elvira Goykhman	18101 Collins Ave. #3301	<input checked="" type="checkbox"/> Add
		Sunny Isles, FL 33160	<input type="checkbox"/> Remove
MGRM	Julia (aka Yulia) Goykhman	18101 Collins Ave. #3301	<input checked="" type="checkbox"/> Add
		Sunny Isles, FL 33160	<input type="checkbox"/> Remove
MGR	Michael A. Shir	2500 E. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		Ste. 607	<input checked="" type="checkbox"/> Remove
		Hallandale Beach, FL 33009	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 6

2013



Signature of a member or authorized representative of a member

ELVIRA GOYKHMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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