

L14000077986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

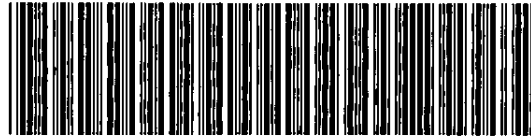
Certified Copies _____ Certificates of Status _____

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JUL 14 2016

A. LUNT

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07/11/14--01014--021 **30.00

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2014 JUL 11 AM 11:06
CLERK OF COURT
MILWAUKEE COUNTY

COVER LETTER

**TO: Registration Section
Division of Corporations**

Taras Trans, LLC

SUBJECT: _____
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:

Alina Vitali

Name of Person

Taras Trans, LLC

Firm/Company

1400 Gandy Blvd, #516

Address

St Petersburg, FL 33702

City/State and Zip Code

karlysha6818@gmail.com

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

For further information concerning this matter, please call:

Alina Vitali

813 770-3118

at (_____) _____

Name of Person

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2014 JUL 11 AM 11:06

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Taras Trans, 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 05/14/2014 and assigned
Florida document number L14000077986

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kos Trans, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Alina Vitali

New Registered Office Address:

1400 Gandy Blvd, #516

Enter Florida street address

St Petersburg

Florida

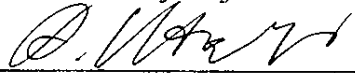
33702

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alina Vitali	1400 Gandy Blvd, #516	☒ Add
		St Petersburg, FL 33702	☐ Remove
			☐ Add
			☐ Remove
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2014 JUN 11 11:06
CLARK COUNTY FLORIDA

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

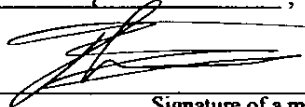
06/17/2014

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

07.07/2014



Signature of a member or authorized representative of a member

Konstantin Tarasovskiy

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JUL 11 AM 11:06
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA