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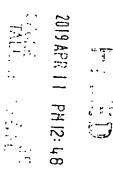
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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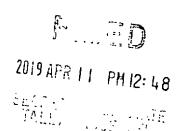
COVER LETTER

TO:

CR2E079 (2/14)

Registration Section Division of Corporations CAPESIDE, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jan Milestone, Esquire (Contact Person) Muroff, Milestone & Milestone (Firm/Company) 20801 Biscayne Blvd., Suite 403 (Address) Aventura, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 682-2324 (Area Code & Daytime Telephone Number) Jan Milestone (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CAPESIDE, LLC, a Florida Limited Liability Company

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

Enter new principal offices address, if applicable:	Enter new principal offices address, if applicable:	The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	•		
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This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:		This amendment is submitted to amend the following:	iorida document number		•
· · · · · · · · · · · · · · · · · · ·	This amendment is submitted to amend the following:				

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	SERGEY BALASHOV	Leninsky Street 137-1-51, Moscow 117513 RU	
			⊟ Remove
			Change
MGRM	TATIANA BALASHOVA	Leninsky Street 137-1-51, Moscow 117513 RU	
			≅ Remove
			Change
			□ Add
			🗖 Remove
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			Change
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lf an effe <u>Note:</u> I	re date, if other than the ctive date is listed, the date mu f the date inserted in this b nt's effective date on the E	ist be specific and lock does not me	cannot be prior eet the applic	to date of filing of able statutory f	r more than 90 da	(optional) ys after filing.) Purs ts, this date will r	uant to 605.0207 ot be listed as
	ord specifies a delaye 90th day after the rec		ate, but no	t an effectiv	e time, at 12	:01 a.m. on tl	ne earlier of
	1	>	2019				
Dated _	Npril 8	 ,					
Dated _	Secret 8			Bana	woh		

Page 3 of 3

Filing Fee: \$25.00