104000015835

| (Re | equestor's Name) |
|-------------------------|------------------------|
| | |
| | |
| (Ad | ldress) |
| | |
| (Ad | ldress) |
| , | |
| | |
| (Cit | ty/State/Zip/Phone #) |
| | |
| PICK-UP | WAIT MAIL |
| | |
| | |
| (Bu | isiness Entity Name) |
| | |
| /Do | ocument Number) |
| (DC | ocument Number) |
| | |
| Certified Copies | Certificates of Status |
| | |
| | |
| Special Instructions to | Filing Officer: |
| | |
| 1 | |
| | |
| | |
| | : (AL |
| , | ». I U |
| | • |
| | |
| L | |

Office Use Only



100086413821

**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.00
**25.0

COVER LETTER

| то: | Registration Section Division of Corporations | |
|---------|--|-------|
| SUBJ | ECT: TGVI GROUP, UC (Name of Limited Liability Company) | |
| The er | nclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning this matter to the following: | |
| | Tgor Kleshchik (Name of Person) | |
| | JEVI GROUP, LIC ESS TO THE STATE OF THE STAT | - |
| | 8620 Baymeadows Rd. BRY WAS AND WAS AN | |
| | (Firm/Company) SECRETARY OF STATE AND ASSET OF STATE OF | FILED |
| For fu | rther information concerning this matter, please call: | |
| | Tgor Kleshchik at (904) 733-0340 (Name of Person) (Area Code & Daytime Telephone Number) | _ · |
| Enclose | ed is a check for the following amount: | |
| \$25. | .00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

IGVI GROUP LLC

| | (A Florida Limited Liability Company) |
|--|---|
| | |
| FIRST: The | e Articles of Organization were filed on <u>IGVI GROUP, LLC</u> and assigned cument number <u>L 04000015835</u> . |
| SECOND: Thi | is amendment is submitted to amend the following: |
| t | Please change registered agent and |
| | the manager. The new registered agent |
| | and the manager is Igor Kleshchik |
| | Take out Ella Chageyeva, she does not: |
| | belong to this company (She changed the name feaudulently |
| | The principal and mailing address for |
| | IGVI GROUP, LIC is |
| | 8620 Baymeadows Rd. Jacksonville, Fl 32256. |
| . | |
| | |
| Dated Jan | nuary 24th, 2007 |
| | |
| | Signature of a prember or authorized representative of a member |
| AND PROPERTY AND P | IGOR KLESHCHIK |

Filing Fee: \$25.00

January 24, 2007

To Whom It May Concern:

I hereby am familiar with and accept the duties and responsibilities as registered agent and as a manager for said corporation / IGVI Group, LLC.

Thank you,

Sincerely,

Igor Kleshchik

| | Ella |
|--|---|
| ARTICLES OF AMENDMENT | used my |
| ARTICLES OF AMENDMENT | Sinhelin to |
| ne met (no To | Tooke me |
| ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF | seet of the |
| OF OF | |
| 16VI GROUP, LLC | compary! |
| (Present Name) (A Florida Limited Liability Company) | |
| (17 Torica Emirica Emirity Company) | |
| | |
| | |
| FIRST: The Articles of Organization were filed on <u>03-22-09</u> and assigned document number <u>L 04 000015835</u> . | |
| SECOND: This amendment is submitted to amend the following: | |
| PLEASE CHANGE REGISTERED AGEN | T |
| PLEASE TAKE OUT 160R KLESHCA | 41K |
| AND PUT ELLA CHAGEYEVA A | <u>S</u> |
| New REGISTERED AGENT FOR 160 | <i>/</i> |
| GROUP, CCC, NEW REGISTERED AGENT | |
| | a COAST |
| | <u>r co</u> 131 |
| FC,32164. | |
| | |
| | |
| | |
| | |
| Dated <u>OCTOBER 10</u> , 2006. | |
| | |
| | |
| Signature of a member or authorized representative of a member | |
| 16 OR KLESHCHIK Typed or printed name of signee | SECRE DIVISION 06 OCT |
| Typed or printed name of signee | |
| Typed or printed name of signee Filing Fee: \$25.00 | SECRETARY OF STATE IVISION OF CORPORATION |
| Filing Fee: \$25.00 | ILEO RY OF STATE CORPORATIONS |
| | ATE ATTO |
| $\mathcal{P}_{\mathcal{I}}$ |) 5 5 |

Well as Sommation

We have the way of the sound of the so

Jacksonville Sheriff's Office VICTIMS INFORMATION

You can use this information to get or give additional facts

| Report Number# | 917018 | |
|---|--------------------------------------|--|
| Date: 10-12-3 | 2006 | |
| Offense: In Corn | vation Report | |
| Police Officer's Name/ID# G.L. DAMEN 5391 | | |
| Police ! | Non-Emergency Phone Number: 630-0500 | |
| "VINE" Pin Number | # | |
| | Detective Division | |
| • | | |
| Detective Name: | | |

You have the right to be protected from threats (Florida Statutes 914.22)

If you are the victim or witness in a criminal case in which a report has been made and you are THREATENED OR HARASSED, immediately call the Sheriff's Office at 630-0500

To ask questions about RECOVERED PROPERTY Call 630-2215

If you move or change your phone number, please let the police and the State Attorney know so that you can be notified.

WE ARE COMMITTED TO PROVIDING PROFESSIONAL POLICE SERVICE

-19-