

LD5000030711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

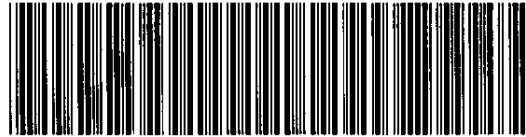
Special Instructions to Filing Officer:

L. SELLERS

OCT 27 2010

EXAMINER

Office Use Only



900186826429

10/25/10--01016--008 **25.00

FILED
10 OCT 25 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ILYA TILE SERVICE 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:

ILYA LEGKODUKH

Name of Person

ILYA TILE SERVICE LLC

Firm/Company

12216 GENOA DRIVE

Address

NORTH PORT FL 34287

City/State and Zip Code

SOFIYADIPON@YAHOO.COM

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

For further information concerning this matter, please call:

ILYA

Name of Person

at (**413**)

896-6105

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**

Ilya Tile Service 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 MARCH 28, 2005 and assigned Florida document number L05000030711.

This amendment is submitted to amend the following:

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

ILYA TILE SERVICE 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)

ILYA TILE SERVICE LLC

12216 GENOA DRIVE

NORTH PORT FL 34287

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:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED
10 OCT 25 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, 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.

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:

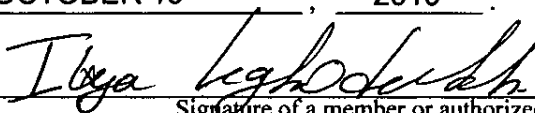
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ILYA LEGKODUKH	12216 GENOA DRIVE	<input checked="" type="checkbox"/> Add
		NORTH PORT FL 34287	<input type="checkbox"/> Remove
MGRM	SOFIYA DIPON	12216 GENOA DRIVE	<input checked="" type="checkbox"/> Add
		NORTH PORT FL 34287	<input type="checkbox"/> Remove
MGRM	YURIY SYSA	3194 NEWMARK STREET	<input checked="" type="checkbox"/> Add
		NORTH PORT FL 34291	<input type="checkbox"/> Remove
MGRM	IVAN ZORIN	12216 GENOA DRIVE	<input type="checkbox"/> Add
		NORTH PORT FL 34287	<input checked="" type="checkbox"/> Remove
MGRM	VOLODYMYR FARYNA	304 SAN CARLOS AVENUE	<input type="checkbox"/> Add
		NORTH PORT FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated OCTOBER 19, 2010



Signature of a member or authorized representative of a member

ILYA LEGKODUKH

Typed or printed name of signee