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T. HAMPTON

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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Medstroyinvest USA LLC Name of Limited Liability Company			
₩ame 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:			
David Vyner Name or Person			
Medstroyinvest USA LLC Firm/Company			
1250 E Wallandale Beach Blvd #605			
Hallandale Beach FL, 33009 PRESIDENT ÉTATTRANSLATION. COM			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
David Vyrev at (954) 455-5042  Name of Verson Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \t			
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			

## Medstroyinvest LLC

1250 E. Hallandale Beach Blvd., #605, Hallandale, Fl. 33009 Tel: (954)455-5042; Fax(954) 237-3432

Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 07/15/2010

Dear Sir/Madam,

Please process the amendment attached on expedited bases, in order to expedite this matter even further, please find enclosed prepaid FedEx envelope to return the "certificate of status" back to us overnight.

Sincerely,

David Vyner

On behalf of Medstroyinvest LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medstroyinv	est LLC	
(Name of the Limited L (A F	iability Company as it now appears of lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L 0500009</u>	oility Company were filed on _ 04	. 1
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	10 Vigg
(Principal office address MUST BE A STREET	ADDRESS)	ONE ONE
Enter new mailing address, if applicable:		F LED DF CORPOR 16 PH
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	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 **Title Address Type of Action** Name | 與款 ☐ Add Remove ☐ Add \_ Remove Remove ∏Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Zhomart Kamenov remains Signature of a member of authorized representative of a member uner Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00