105000055712

(Re	equestor's Name)	
·	idress)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(0.	5 (2.1)	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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S TALLENT APR 0 8 2019







March 26, 2019

MARAT ALIUSHEV 1055 N ATLANTIC AVENUE DAYTONA BEACH, FL 32118

SUBJECT: CAMELLIA MOTEL, LLC

Ref. Number: L05000055712

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00006015

Susan Tallent Regulatory Specialist II

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COVER LETTER

	Registration Division of C		,	
end iez		Motel LLC		•
SUBJEC	<u></u>	Name of Limited Liability C	ompany	
The enclo	osed Articles	of Amendment and fee(s) are submitted for fili	ıg.	
Please ret	turn all corres	pondence concerning this matter to the followi	ng:	
-		Marat Aliushev		
		Name o	f Person	
		Firm/Co	ompany	
		Add DAYTONA BEACH, FL 32118 US	ress	
		City/State ar	id Zip Code	
		E-mail address: (to be used for fi	ature annual report nor	tification)
For furthe	er information	concerning this matter, please call:		
MA	RAT	ALIUShev at (5	107 534 a Code Daytir	- 96 7 D ne Telephone Number
	Nami	e of reison Are	a Code Daytir	me Telephone Number
Enclosed	is a check for	r the following amount:		
□ \$ 25.0	00 Filing Fee	Certificate of Status Certifi	Filing Fee & ed Copy nal 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**

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe ited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Completion document number $\frac{1.05000055712}{1.0000055712}$.	pany were filed on F	feb 14, 2018 6/6/	2005 and as	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company l	nere:			
TIM & TEAM CLUB, I.I.C					V
he new name must be distinguishable and contain the words "Limited"	Liability Company," the	designation "LLC" or the	abbreviation "		
Enter new principal offices address, if applicable:	1055 N ATLA	NTIC AVENUE			
Principal office address MUST BE A STREET ADDRESS	S) DAYTONA B	EACH, FL 32118			_
			-1,	(<u>A</u>)	
			7.7	<u>ان</u> ند	
Enter new mailing address, if applicable:				္ခ	
Mailing address MAY BE A POST OFFICE BOX)					
7			- · · · · · · · · · · · · · · · · · · ·	. •	
			, ,	07	_
3. If amending the registered agent and/or registere	ed office address o	on our records, ente	r the name	of the	e nev
registered agent and/or the new registered office address					
Name of New Registered Agent: Marat Aliu	ishev				
					_
New Registered Office Address: 1055 N AT	LANTIC AVENUE				_
		orida street address			
DAYTON.	A BEACH,	Florida $rac{3}{2}$	32118		
New Registered Agent's Signature, if changing Registered Ag	City		Zip Code	,	

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MORTIMER, STUART H	735 N ATLANTIC AVENUE	
		DAYTONA BEACH, FL 32811	□ b
-			■ Remove
			Change
MGR	Marat Aliushev	33 Kuznetskaya St apt 9	
		Samara, Russsian Federation, 443077	
			□ Remove
			Change
MGR	Natalia Aliusheva	Kuznetskaya St apt 9	_
			= Add
		Samara, Russsian Federation, 443077	5 2 2
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Note: If the date in	other than the date isted, the date must be spo iserted in this block do we date on the Departm	es not meet the appl	icable statutory filing:	(optional) e than 90 days after filing.) Purequirements, this date wil	rsuant to 605.0207 I not be listed as
If the record specif (b) The 90th day			ot an effective tir	ne, at 12:01 a.m. on	the earlier of
Dated		2019	,		
	_				
		A.			

Page 3 of 3

Filing Fee: \$25.00