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|-------------------------|--------------------|-------------|
| (Re | equestor's Name) | |
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | <i>*#</i>) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bt | ısiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | <u>.</u> |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE ON VISION OF CORFERATIONS



COVER LETTER

| _ | TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation) | | - | | |
|---|--|--|---|---|---------------------------------------|
| • | SUBJECT: Se | 4 Coast Grane of L | imited Liability Company) | | . : = : = |
| | The enclosed Articles of A | mendment and fee(s) are su | bmitted for filing. | | |
| | Please return all correspon | dence concerning this matte | r to the following: | | |
| | | Boris 1 | Le Kyawov Name of Person) | | |
| | | Sea Coast | L GROUP (Firm/Company) | tec | · · · · · · · · · · · · · · · · · · · |
| | | 37 Ednic | (Address) | | g Seer |
| | | alm Cod | OST, FL, 30//State and Zip Code) | 2164 | - - 4 #4 |
| | For further information co | ncerning this matter, please | call: | | |
| | Boris | (Name of Person) | OU at (3P6) (Area Code & D | 569-1569 aytime Telephone Number) | SECRE DIVISION |
| | Enclosed is a check for the fo | | | | TARY OF SOFT OF CORFO |
| | \$25,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en | 60 |
| | | | | | |

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

| | (A Florida Limited Liability Company) | |
|---------|--|---|
| FIRST: | The Articles of Organization were filed on document number <u>LOSOOOPS755</u> and assigned | |
| SECOND: | This amendment is submitted to amend the following: PLease add Taxas Mreachko | <u></u> |
| | mailing address | en e |
| | West Bloomfield, UEL, 48322 | |
| | | |
| | | , to the coefficient of the coe |
| Dated | Tuve 24, 2006. | |
| | Signature of a member or authorized representative of a member | ED OF STA |
| | Bores Lukyawov Typed or printed name of signee | TE |

Filing Fee: \$25.00