

UGLLO 082 944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

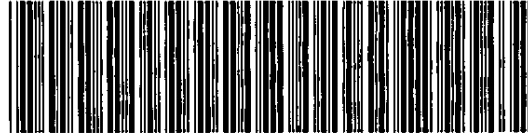
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400277023294

10/09/15--01021--015 \*\*25.00

2015 OCT - 9 P 4: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 12 2015  
11:41 AM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: V-FLORA, 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:

Margarita Nerodenkova-Kruglova

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3000 NE 188th Street, #504

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

margo241974@rambler.ru

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 OCT -9 PM 4:35

FILED

For further information concerning this matter, please call:

Margarita Nerodenkova-Kruglova

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

## 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrey Nerodenkov	1514 Island Blvd.	<input type="checkbox"/> Add
		Aventura, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Margarita Nerodenkova-Kruglova	3000 NE 188th Street, #504	<input type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Anna Kruglova-Arutyunyan	1514 Island Blvd.	<input type="checkbox"/> Add
		Aventura, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2017 OCT -9 PM 4:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

FILED  
2015 OCT - 9 P 4: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

September 18, 2015

Signature of a member or authorized representative of a member

Andrey Neronov  
Typed or printed name

Typed or printed name *[Signature]*