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D. BRUCE
AUG 0 \$2010

EXAMINER

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	IRINA	SEDELNIKOVA LLC		
	Name	of Limited Liability Company	-	
The enclosed Art	ticles of Amendment and fee(s)	are submitted for filing.		
Please return all	correspondence concerning this	s matter to the following:		
	######################################	IRINA SEDELNIKOVA		
		Name of Person		
		IRINA SEDELNIKOVA LLC Firm/Company	_	
		ritti/Company		
6919 69TH WAY		_		
		Address	-	
		WEST PALM BEACH, FL 33407	AL 10	
		City/State and Zip Code		
		IRINA1@EMAIL.COM	G. J ASS	
For further inform	E-mail ac mation concerning this matter, p	ldress: (to be used for future annual report notification) please call:	YOP'S F. F.	
II	RINA SEDELNIKOVA	at (561) 317-5851	3: 23 STATE ORIBA	
	Name of Person	Area Code & Daytime Telephone Num		
Enclosed is a che	eck for the following amount:	•		
\$25.00 Filing	Fee \$30.00 Filing Fee Certificate of So	tatus Certified Copy Certifi	Filing Fee, cate of Status & ied Copy	
		(additi	onal copy is enclosed)	
Comment of the			· · · · · · · · · · · · · · · · · · ·	
	MAILING ADDRESS:	CTDEET/COUDIED ADDRESS.		
Registration Section		Registration Section		
Division of Corporations Division of Corporations Division of Corporations Division of Corporations		Division of Corporations Clifton Building		
	Tallahassee, FL 32314	, 2661 Executive Center Circle Tallahassee, FL 32301	· ,	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

IRINA SEDELNIKOVA 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 Li	ability Company were filed on SEPTE	MBER,26 ,20	007 and assigned	
Florida document numberL07000098				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here:			
	N/A			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company,"	the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:		AF A	
(Principal office address MUST BE A STREE	TADDRESS)		AS 6	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or the new registered of	or registered office address on our i	records, enter	the name of the new	
registered agent and/or the new registered or	nce address nere:			
Name of New Registered Agent:	IRINA SEDELNIKOVA	terêt a		
New Registered Office Address:	6919 69TH WAY			
	Enter Florida street address			
	WEST PALM BEACH	, Florida	33407	
	City	 ,	Zip Code	
New Registered Agent's Signature, if changing F	legistered 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 Type of Action Name** <u>Address</u> MGRM **BESIK KHVEDELIDZE** 6919 69TH WAY, WPB, FL 33407 Add Remove IRINA SEDELNIKOVA MGRM 6919 69TH WAY, WPB, FL 33407 ✓ Add Remove ☐ Add □ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) BESIK KHVEDELIDZE RESIGN AS THE REGISTERED MAMBER AND TRANSFER 98% OF FINANCIAL INTEREST AND 196 SHARES OF THE "IRINA SEDELNIKOVA LLC" TO IRINA SEDELNIKOVA AND THE LLC. 08/01 2010 Dated_

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00