## L07000121661

| (Re                       | questor's Name)   |           |
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|                           |                   |           |
| (City                     | y/State/Zip/Phon  | e #)      |
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| PICK-UP                   | WAIT              | MAIL      |
|                           |                   |           |
| (Bus                      | siness Entity Nar | ne)       |
|                           |                   |           |
| (Doc                      | cument Number)    |           |
|                           |                   |           |
| Certified Copies          | Certificates      | of Status |
|                           |                   |           |
| Casaial Instructions to I | Tilina Officery   |           |
| Special Instructions to F | -iling Oπicer:    |           |
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Office Use Only



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SECRETARY OF STATI

## **COVER LETTER**

| Division of Corp            |  | ;   |  |
|-----------------------------|--|---|--|
| SUBJECT: 7 ZADAC            | H USA LLC                                  |   |  |
|                             | (Name of Lim                               | uited Liability Company)  |  |
|                             | Amendment and fee(s) are sub               | -   |  |
| Please return all correspon | idence concerning this matter              | to the following:   |  |
|                             | KOMAROVA, NATA                             | (Name of Person)  |  |
|                             | 7 ZADACH USA LLC                           | (Firm/Company)  |  |
|                             | 7049 61 STREET NO                          | ORTH  |  |
|                             |  | (Address)   |  |
|                             | PINELLAS PARK FI                           | _ 33781 US<br>(City/State and Zip Code)                           |  |
|                             |  | (Orgy balle and Exp code)   | _  |
| For further information co  | ncerning this matter, please c             | all:  |  |
| KOMAROVA, NATA<br>(Name of  |  | at ( <u>727</u> ) 239-3929<br>(Area Code & Daytime 7              | Felephone 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

1 3

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   | d Liability Company as it now appears of A Florida Limited Liability Company) | n our records.)           |
|--|---|---------------------------|
| The Articles of Organization for this Limited L  | iability Company were filed on 12/07  | 7/2007 and assigned       |
| Florida document number <u>L07000121661</u>  | ·   |                           |
| This amendment is submitted to amend the foll  | lowing:   |                           |
| A. If amending name, enter the new name of   | of the limited liability company here:  |                           |
| N/A ( SAME)  |   |                           |
| The new name must be distinguishable and end with L.L.C."  B. If amending the registered agent and registered agent and/or the new registered of | or registered office address on our   |                           |
| Name of New Registered Agent:  | N/A ( SAME)   |                           |
| New Registered Office Address:   | N/A ( SAME)   |                           |
|  | (Enter  | r Florida street address) |
|  | N/A ( SAME)   | , Florida                 |
|  | (City)  | (Zip Code)                |

## New Registered Agent's Signature, if changing Registered Agent:

7 ZADACH USA LLC

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.

N/A
(If Changing Registered Agent, Signature of New Registered Agent)

| MGR = Mai     |   |   |                       |
|---------------|---|---|-----------------------|
| MGRM = M      | Sanaging Member                         |   |                       |
| <u> [itle</u> | <u>Name</u>                             | Address   | Type of Action        |
| MGRM          | —INKIN. NIKOLAY                         | 29/3 SIMFEROPOLSKIY BLVD<br># 113<br>MOSCOW RU 11345-2  | Addi Remove           |
| <u>IGRM</u>   | SHULGINA, VALENTINA                     | 10/6 BORISOVSKIE PRUDI<br># 113<br>MOSCOW RU 11521-1 RU | Adri<br>Remove        |
| 10SC£         |   |   | Add Remove            |
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| . If amend    | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessa       | APR 18                |
|               |   |   | AM 11: 30  EE FLORIDA |
| ated APRI     | IL 15 , 2008                            | 3   |                       |

Page 2 of 2

Filing Fee: \$25.00