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EXAMINER



000129583690

05/20/08--01005--014 **30.00

COVER LETTER

Division of C	Section Corporations						
SUBJECT: 7 ZAD	ACH USA LLC						
(Name of Limited Liability Company)							
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corre	spondence concerning this matter	to the following:					
	Natalya Komarova						
		(Name of Person)					
	7 ZADACH USA LLC						
		(Firm/Company)					
	7049 61 Street North						
		(Address)					
	Pinellas Park, FL 33781						
		(City/State and Zip Code)					
For further informatio	on concerning this matter, please c	all:					
Natalya Komarova at (727) 239-3929							
(Nar	me of Person)	(Area Code & Daytime T	`elephone Number)				
Enclosed is a check for	or 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

ARTICLES OF AMENDMENT SECRETARY OF STATE TO ARTICLES OF ORGANIZATION MAY 20 AM 8: 12 OF

7 ZADACH USA LLC		İ	
(Name of the Limited	l <mark>Liability Compar</mark> A Florida Limited L	y as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited L Florida document number L07000121661	iability Company	were filed on 12/07/2007	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Company," the c	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		same	
(Principal office address MUST BE A STREE	TADDRESS)		
			
Enter new mailing address, if applicable:		same	
(Mailing address MAY BE A POST OFFICE	BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/ registered agent and/or the new registered o			rds, <u>enter the name of the new</u>
Name of New Registered Agent:	same		
New Registered Office Address:			
		(Enter Flori	ida street address)
			, Florida
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered 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 (<u>Name</u>	Address	Type of Action
MGRM	SHULGINA, VALE	TINA 10/6 BORISOVSKIE PR MOSCOW RU 11521-R	RUDI#113 Add II Remove
MGR	7 ZADACH STROI-	NVEST. 68/35 PERERVA # 1 MOSCOW RU 10945-1	P∐ Add RU T Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional sh	heets, if necessary.)
_			
			
Dated	May 14 <u>Uly</u> ur	 UL	
		re of a member or authorized representative of a	memoer
	Nikolay Sh	Ulgin Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00