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## **COVER LETTER**

TO:

Registration Section

- Division of Corporations

SUBJECT:

7 ZADACH USA 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:

SHULGIN, NIKOLAY

Name of Person

SHULGIN MANAGEMENT LLC

Firm/Company

7985 112TH STREET, UNIT 212

Address

SEMINOLE, FL 33772

City/State and Zip Code

investor1969@hotmail.com

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

For further information concerning this matter, please call:

SHULGIN, NIKOLAY

727<sub>686-1481</sub>

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/ ZADACH USA LLC			
(Name of the Limited L	iability Company	as it now appears on our record	ds.)
(A F	lorida Limited Lia	bility Company)	古行
The Articles of Organization for this Limited Lial	bility Company w	vere filed on 12/07/2007	arkanssigned 7
Florida document number L07000121661			-3 SSE
This amendment is submitted to amend the follow  A. If amending name, enter the new name of t	· ·	<u>ty company here</u> :	PH 5: 57
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		
	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi			enter the name of the nev
Name of New Registered Agent:	STEVE W. M		
New Registered Office Address:	D <sub>118TH</sub> AVE	N # 300	
		Enter Florida str	eet address
	LARGO	, Flor	ida <u>33773</u>
		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, phereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SHULGINA, VALENTINA	2026 20TH AVE PKWY	Add
		INDIAN ROCK BEACH, FL 337	85 Remove
<del></del>			Add
			Remove
			SEP -3
			ED STATE AD EE, FLORIDA PM 5: 57
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
Dated AUGUST 19	2013
	of a member or authorized representative of a member
SHULGIN, NIKOL	
	Typed or printed name of signer
	Page 3 of 3

Filing Fee: \$25.00

13 SEP -3 PM 5: 57