## 0800034835

(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:
ISELLERS

DEC 2 2 2009

**EXAMINER** 

Office Use Only

700163778417

12/21/09--01007--001 \*+25.00

SECRETARY OF STA ALLAHASSEE FLOR

DEC 21 AH 8: 01

## **COVER LETTER**

TO:

Registration Section

'Divisior	n of Corpor	ations					
SUBJECT:		EAST T	IGER US/	A LLC			
			ited Liability C				
The enclosed Art	ticles of Am	endment and fee(s) are sub	omitted for filir	ıg.			
Please return all	corresponde	nce concerning this matter	to the following	ng:			
	_		LI, IGO	OR V			
			Name of	Person			
EAST TIGER USA LLC							
	Firm/Company						
	7209 34TH STREET						
	Address						
		PINI	ELLAS PAF	RK, FL 3378 <sup>.</sup>	1		
	-		City/State and	•			
	-	E-mail address: (	to be used for fu	ture annual report	notification	)	
For further inform	mation conc	erning this matter, please o		<b>-</b>		,	
- · · · · · · · · · · · · · · · · · · ·		GOR V	at (7	<u>(27 )</u>		1849	
	Name of Pe	rson		Area Code & Da	aytıme Telep	onone Number	
		ollowing amount:			_	_	
▼\$25.00 Filing	; Fee	\$30.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy onal copy is encl	losed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING	ADDRESS:		STREET/CO	URIER A	DDRESS:	
	Registratio	n Section		Registration S	ection		
	P.O. Box 6			Division of Co Clifton Building	ng		
	Tallahasse	e, FL 32314		2661 Executiv Tallahassee, F		Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E	AST TIGER	R USA LLC			
( <u>Name of the Limited I</u> (A F	lorida Limited L	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liable Florida document number L08000034		were filed on		and assign	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
	N/A	<b>.</b>			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applical	12360 66TH STREET NORTH				
(Principal office address MUST BE A STREET	UNIT # Q				
		LARGO, FL 337	77		
Enter new mailing address, if applicable:		P. O. BOX 20260	)		
(Mailing address MAY BE A POST OFFICE B	ST.PETERSBUF	RG, FL 33742			
B. If amending the registered agent and/or registered agent and/or the new registered offi	LI, IGOR V	<u>e</u> :	records, <u>enter t</u>	he name of the nam	the new
New Registered Office Address:	7209 34TH		lorida street add	résis N	
New Registered Agent's Signature, if changing Re		ELLAS PARK  City	, Florida	Zin Code	3

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.

anting Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 A	<u>ction</u>
146 K	NOT NEED!	NAMOGRINSLY PROTECTION RUSS	Add Remove	:
			☐ Add ☐ Remove	
			.□ Add □ Remove	:
			☐ Add ☐ Remove	
	_		Add Remove	
			☐Add ☐Remove	
D. If a	mending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)		
	NEW ADDRESS OF LI, IGOR	RV, MGRM IS	_	
	7209 34TH STREET, PINELL	AS PARK, FL 33781	-	
		D F	<b>09 DEC</b>	
Dated_	DECEMBER, 07	2009 . And Section 2009	2	
	olemature of a	member or authorized representative of a member	AM .8: OF	
		Typed of printed name of signee	<del>د</del> نبا	

Page 2 of 2

Filing Fee: \$25.00