

L08000099499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 JUL 30 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2014

S. YOUNG

W14-47033

EFFECTIVE DATE
8/18/14

CORRECTED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VTS 1 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:

ALEXANDER MEDVEDOVSKY

Name of Person

Firm/Company

1 COLERIDGE COURT

Address

PALM COAST, FL 32137PALM C

City/State and Zip Code

MAL.63@MAIL.RU

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

For further information concerning this matter, please call:

ALEXANDER MEDVEDOVSKY at **(386) 6273077**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
14 JUL 30 11 43 AM
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VTS 1 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 Liability Company were filed on 10/22/2008 and assigned
Florida document number L08000099499.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

50 LEANNI WAY E6

PALM COAST, FL 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 350511

PALM COAST, FL 32135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA KASHTANOVA

New Registered Office Address:

50 LEANNI WAY E6

Enter Florida street address

PALM COAST

City

, Florida 32137

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 605, 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.

Maria Kashtanova

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MEDVEDVSKY ALEXANDER</u>	<u>1 COLERIDGE COURT</u>	<input type="checkbox"/> Add
		<u>PALM COAST, FL 32137</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>MEDVEDOVSKY NONNA</u>	<u>1 COLERIDGE COURT</u>	<input type="checkbox"/> Add
		<u>PALM COAST, FL 32137</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KASHTANOVA MARIA</u>	<u>50 LEANNI WAY E6</u>	<input checked="" type="checkbox"/> Add
		<u>PALM COAST, FL 32137</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

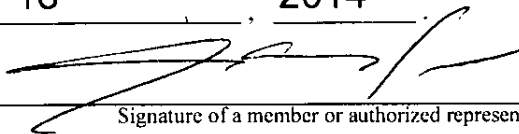
FILED
JUL 30 11 41 AM '09
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 08/18/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 18, 2014



Signature of a member or authorized representative of a member

ALEXANDER MEDVEDOVSKY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUL 30 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VTS 1 LLC

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER MEDVEDOVSKY

Name of Person

Firm/Company

1 COLERIDGE COURT

Address

PALM COAST, FL 32137

City/State and Zip Code

MAL.63@MAIL.RU

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

For further information concerning this matter, please call:

ALEXANDER MEDVEDOVSKY at **386** **6271051**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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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

FILED
14 JUL 30 PM 4:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VTS1 LLC

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(A Florida Limited Liability Company)

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Florida document number L08000099499.

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A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

PO BOX 350511

PALM COAST, FL 32135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 350511

PALM COAST, FL 32135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA KASHTANOVA

New Registered Office Address:

PO BOX 350511

Enter Florida street address

PALM COAST

, Florida 32135

City

Zip Code

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

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Maria Kashtanova

If Changing Registered Agent, Signature of New Registered Agent

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MEDVEDOVSKY ALEXANDER	1 COLERIDGE COURT	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
MGR	MEDVEDOVSKY NONNA	1 COLERIDGE COURT	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
MGR	MARIA KASHTANOVA	PO BOX 350511	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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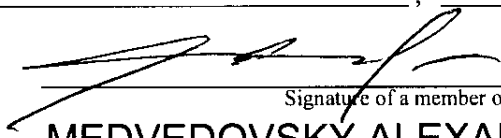
FILED
JUL 30 1998
SECURITY
ALABAMA
16

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: JUNE 1, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 28, 2014



Signature of a member or authorized representative of a member

MEDVEDOVSKY ALEXANDER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUL 30 11 16 AM
TALLAHASSEE, FLORIDA