LD8000103856

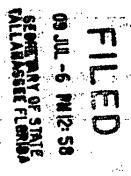
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
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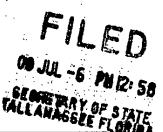
07/06/09--01034--002 **55.00



COVER LETTER

TO:	Registration Solution Of Co.		,		
SUBJECT: MINOA ATLANTIC LLC					
30.031	<u></u>		ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspondent	ondence concerning this matter	to the following:		
			ATSENKO NIKOLAY		
Name of Person					
M			INOA ATLANTIC LLC		
	Firm/Company				
	50 LEANNI WAY ENIT E6				
			Address		
•		PA	LM COAST, FL 32137	 	
		5.41U	City/State and Zip Code		
		E-mail address: (NOA65@GMAIL.COM to be used for future annual report not	ification)	
For fu	rther information	concerning this matter, please c	all:		
	ELEN	NA CHUGUEVA	at (_386_)	446-2922	
	Name	of Person	Area Code & Dayti	me Telephone Number	
Enclos	sed is a check for t	the following amount:			
\$2:	5.00 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)	
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MINOA ATLANTIC 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	11/06/2008	and assigned
Florida document numberL08000103856			
This amendment is submitted to amend the following:		•	
Florida document numberL08000103856			
	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	50 LEANNI \	WAY, UNIT E6	
(Principal office address MUST BE A STREET ADDRESS)	PALM COAS	ST, FL 32137	
Enter new mailing address, if applicable:	50 LEANNI V	NAY, UNIT E6	
(Mailing address MAY BE A POST OFFICE BOX)	PALM COAS	ST, FL 32137	
		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Г.	utan Elavida atuaat add	
	E)	mer r ioriaa sireet aaa	ress
	City	, Florida	Zin Code
	City		Lip Comb

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

· 🔍

<u>Title</u>	<u>Name</u>	Address	Type of Action
M/VP_	ALENA GAPONOVA	14 CHADWICK COURT PALM COAST, FL 32137	Add Remove
<u>MGR</u>	MAXIM VEDENEV	11 CLARENDON CT. SOUTH PALM COAST, FL 32137	Add 7 Remove
			∧dd Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	ary.)
_ _ _			
	111111111111111111111111111111111111111		
Dated		2009 . ember or authorized representative of a member YATSENKO NIKOLAY yped or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00