L08000105442

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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C. LEWIS

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EXAMINER

	istration Section of the corporation of the corpora		**	**************************************	€a	, 1 t	(Triple		se ig		· :	,	
SUBJ Ē CT:	NOVOS	IB, LLC								7.	•		
JOBOLC 1.		·	Name of	f Limited	Liability	Compan	у						
The enclosed	Articles of A	mendment a	and fee(s) a	ıre submit	tted for fi	ling.							
Please return	all correspond	dence conce	ming this 1	matter to t	the follov	ving:							
				VADIN	/ MEN	IDZEBI	ROVS	KIY					
		··· ,			Name o	of Person							
					NOVO	SIB, L	LC						
					Firm/C	Company							
				1	2778 S	EKAN	I WAY						
					Add	dress							
		 			CKSON			246				,	
				C	City/State a	and Zip Co	ode						
			E-mail add	ress: (to be	e used for	future anr	nual repor	t notificat	ion)				
For further in	nformation cor	ncerning this	s matter, pl	ease call:									
LYUBOV YOUNG				at (904)	396-67	777						
Name of Person				Area	Code & I	Daytime T	elephon	Number	r				
Enclosed is a	a check for the	following a	mount:										
■ \$25.00 Fi	iling Fee	□\$30.00 F Certif	Filing Fee & icate of Sta			Filing F fied Cop itional co	у	closed)	•	60.00 Fil Certifica Certified (addition	te of St I Copy	atus &	osed)

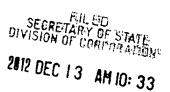
MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF



NOVOSIB, 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 11/12/2008	and assigned
Florida document number L08000105642	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
ENTER IDEAS, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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.

or Managing Wiember being added or removed from our records: \mathcal{F}

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MENDZEBROVSKIY, Igor	12778 SEKANI WAY	Add
		JACKSONVILLE FL 32246	Remove
MGRM	IRKOV, Aleksei	12778 SEKANI WAY	Add
		JACKSONVILLE FL 32246	Remove
			Add
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			Add
			Remove SECRETION O
			TARY OF STARE OF CHARTON AMID: 33
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v. II an	nenging any other information, enter change(s) here: (Attach adaitional sheets, if hecess	sary.)
•		DIVISION TARY
		2012 DEC 13
		2012 DEC 13 AM 10: 33
Dated _	December // 2012	
	The state of the s	
	Signature of a member or authorized representative of a member	
	Vadem MenderBrowskiy	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00