L08000107429

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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DIVISION OF CORPORATIONS

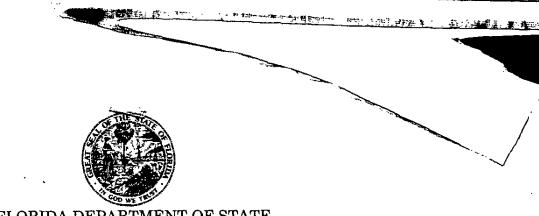
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J. BRYAN

FEB 1 2 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2009

DMITRY RASHNITSOV SITTON AND PARTNERS LLC 1080 LYONTREE ST HOLLYWOOD, FL 33019

SUBJECT: SITTON AND PARTNERS, LLC

Ref. Number: L08000107429

We have received your document for SITTON AND PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan´ Regulatory Specialist II

Letter Number: 209A00004135

COVER LETTER

TO: Registration Section Division of Corpo	Sitton	and Partners, ed Liability Company)	LLC	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
· ·	1080 L-	(Name of Person) and Partners, (Firm/Company) yon tree Road (Address) A FL. 3301 (City/State and Zip Code)	<u>ULC.</u>	OPFEBIL A
				AH 11: 29
For further information con-	cerning this matter, please cal			29 29
Dmitry	Kishnitsov	at(303) 910-352	. 1	,
(Name of I		(Area Code & Daytime T	elephone 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 e	

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

——————————————————————————————————————	Partners, LL	Our records.)
(A Florida	y Company as it now appears or Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Corollary	Company were filed on	117∫ 3008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:	····	
New Registered Office Address:		
	(Enter Florida street address)	
*******		, Florida
	(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.

(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 = M	anaging Member		
Title '	<u>Name</u>	Address	Type of Action
MGR	Shelly Sitton	1080 Lyontree Road Hollywood Fl. 33137	Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY DIVISION OF CO 09 FEB 1
Dated	217 , 20)09. Pm	Y OF STATE SORPORATIONS AM II: 30
	Omitry (or authorized representative of a member A-Shaitsow or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00