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(Re	equestor's Name)	
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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

NOV 2 1 2013

T. BROWN

COVER LETTER.

TO:	Registration Section Division of Corporations

SUBJECT: Evgenika 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:

Gennadiy Deriy

Name of Person

Evgenika LLC

Firm/Company

1852 Fletcher Street

Address

Hollywood / Florida 33020

City/State and Zip Code

evgenikallc@gmail.com

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

For further information concerning this matter, please call:

Gennadiy Deriy

Name of Person

,,786<u>,</u>547-5889

Area Code & Daytime Telephone 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 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

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

- ,	10	A.
· ART	ICLES OF ORGANIZATI	ION 131, 12
	OF	SON 13 NOV 18 PM 4: 38 SON OUT records.)
		ALCACA PA
	Evgenika, L.L.C.	14.38 P. 02 4:30
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.
,	A Florida Ellinted Elability Company)	ORIDA
The Articles of Organization for this Limited I	iability Company were filed on Ma	rch 23, 2009 and assigned
Florida document number L09000027774	<u> </u>	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited lighility company her	۵۰
, <u></u>	the matter mapine, company ner	<u>.</u>
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	POV	
Maung address MAI BE A FOST OFFICE	BUAI	
	·	
B. If amending the registered agent and	or registered office address on a	use records anter the name of the nov
registered agent and/or the new registered of	ffice address here:	our records, enter the name of the new
Name of New Registered Agent:	Eugeueni Noujine	
New Registered Office Address:		
	En	ter 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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Deriy, Gennadiy	1852 Fletcher St	Add
		Hollywood FL 33020	Remove
MGRM	Beck, Julia A	1852 Fletcher St	
		Hollywood FL 33020	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed _	November 4 2013
<u> </u>	1)6/8
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00