## L09000092444

i
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
NOV - 2 2009
-XAB HAR OF D

Office Use Only



300162306973

10/36/08--01020--008 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 OCT 30 PH 3: 5

## **COVER LETTER**

	istration Sect						
. SUBJECT:		ATYUSH	ited Liability Company	1.10			
The enclosed	Articles of A	mendment and fee(s) are sul	omitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		SERCE	Name of Person		2009 C		
		3840 J CoLum METRE E-mail address: (	Firm/Company  Address  Address  OU G9  City/State and Zip Code  D M A GUSA, Coto be used for future annual report-notifica	DR DOG OH tion)	2009 OCT 30 PH 3: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FIC	
For further in	formation con	cerning this matter, please of	all:				
Scaces Zeleny Name of Person			at (614) 5714518  Area Code & Daytime Telephone Number				
Enclosed is a	check for the	following amount:					
<b>∑</b> \$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
MAILING ADDRESS		C ADDRESS.	STDEET/COUDIE	D ADDDESS.			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RATYUSH	A MI	OMI LLC	<b>7</b>		
(Name of the Limited L	iability Compan lorida Limited Li	v as it now appears on ou	r records.)		
The Articles of Organization for this Limited Lial Florida document number <u>LO9000</u>	bility Company v 209244	were filed on <u>Sep 7</u>	124,2		ed
This amendment is submitted to amend the follow	· ·			2009 OCT 30 SECRETARY TALLAHASS	
A. If amending name, enter the new name of t	he limited liabi	lity company here:		PM 3	
The new name must be distinguishable and end with "L.L.C."	the words "Limite		_	"LLO For the pbr	
Enter new principal offices address, if applical	ble:	4 NE. MIAHI,	39 M	reet	
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI,	FL	<i>33137</i>	
Enter new mailing address, if applicable:		Z/ NE MIAMI	39 s7	Reet	
(Mailing address MAY BE A POST OFFICE Be	<u>OX)</u>	MIAMI	FL	33/37	
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>ce address here</u>	:	-	, ,	
Name of New Registered Agent:		ALEVANDE E 39 Str	ir (	MERNY	14
New Registered Office Address:	4 r	E 99 SFR Enter Flor	et rida street aa	Idress	
	M14	1 M/ City		• •	<del></del>
		0.17		zip conc	

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 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 **Address** <u>Title</u> **Name Type of Action** ALEXANDER CHERNYY Remove □Add Remove Add [ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10.25.2009 member or authorized representative of a member ALCOAUDER (
Typed or printed name of signee CHERNYY

Page 2 of 2

Filing Fee: \$25.00