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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Registration Sec Division of Corp					
Inox LLC					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Maksim Tabunou				
		Name of Person			
	Inox LLC				
		Firm/Company	·····		
	19201 Collins Ave, S	STE 131-D			
	- , , , , , , , , , , , , , , , , , , ,	Address			
	Sunny Isles Beach,	FI 33160		705	cam ද්වියා
	aptc.export@gmail.co	City/State and Zip Code OM		TEB -	incontrast,
	E-mail address: (to be used for future annual report notific	cation)		Sundan.
For further information co	ncerning this matter, please ca	all:			C ()
Maksim Tabunou		305 4092764		SIATE LORID	1:, ,,,,
Name of	Person	at () Area Code Daytime	Telephone Number	— 35	
Enclosed is a check for the	e 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 Certificate of Certified Contact (additional coperations)	of Status & opy	

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

inox LLC			
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	and assi	gned
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX))		
	<u> </u>		
	TEACHER TO THE STATE OF THE STA		
B. If amending the registered agent and/or re	egistered office address on our records, enter	the name	of the nev
registered agent and/or the new registered office a	<u>iddress here</u> :	2015 FAL	
Name of New Registered Agent:		<u> Fa</u> 🐷	(गजरकार)
N D : 100 111		17 SSE	
New Registered Office Address:	Enter Florida street address		111
		102 1.03 1.03 1.03 1.03 1.03 1.03 1.03 1.03	[
	, Florida	Zip Code	Newson .
	CIIV	··· V.D COM	

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	TABUNOU, MAKSIM	500 S FEDERAL HWY STE 697	
		HALLANDALE, FL 33008	Remove
AMBR	TABUNOU, MAKSIM	500 S FEDERAL HWY STE 697	
		HALLANDALE, FL 33008	☐ Remove
AMBR	KARANKEVICH, SIARHEI	500 S FEDERAL HWY STE 697	Add
		HALLANDALE, FL 33008	□ Remove
			Remove
**. · · · ·			Add
			Remove Remove FEB 17d Add ASSEE
			Add Par Remove C

	- Company of the Comp

ctive date, if other than the date of	f filing:(optional) or to date of receipt or filed date and campot be more than 90 days after
	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State)
date this document is filed by the Florida Dep 2/12/2015	partment of State)
date this document is filed by the Florida Dep 2/12/2015	partment of State)
date this document is filed by the Florida Dep 2/12/2015	partment of State)
date this document is filed by the Florida De 2/12/2015 led	partment of State)

Page 3 of 3

Filing Fee: \$25.00

