

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BEST PRO SERVICES INC  
Account Number : I20140000068  
Phone : (727) 504-1870  
Fax Number : (727) 683-9500

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Best.PRO@live.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INOX LLC

Certificate of Status	0
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AUG 24 2015

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Corporate Filing Menu

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INOX 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:

Maksim Tabunou

Name of Person

INOX LLC

Firm/Company

3169 SE 2nd Drive

Address

Homesead, FL 33033

City/State and Zip Code

best.pro@live.com

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

For further information concerning this matter, please call:

Maksim Tabunou

305

409-2764

Name of Person

at ( )

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**

INOX 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 01/15/2010 and assigned Florida document number L10000004411.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

3169 SE 2nd Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Homestead, FL 33033

**Enter new mailing address, if applicable:**

3169 SE 2nd Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Homestead, FL 33033

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

3169 SE 2nd Drive

Enter Florida street address

Homestead

City

Florida 33033

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maksim Tabunov	3169 SE 2nd Drive	<input type="checkbox"/> Add
		Homestead, FL 33033	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Sirzhel Karankevich	3169 SE 2nd Drive	<input type="checkbox"/> Add
		Homestead, FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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BUREAU OF ECONOMIC ANALYSIS

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15 AUG 21 AM 9:59

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the agreement's effective date on the Department of State's records.

Dated August 27 , 2015

~~Signature of a member or authorized representative of a member~~

Moksin Tuunou AMBR

Typed or printed name of signee