Division of C

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 : (727)504-1870

Fax Number

: (727)683-9500

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **INOX LLC**

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Corporate Filing Menu

Help

## **COVER LETTER**

TO:	Registration S Division of Co			
SURTE	INOX LLO			
5011112	···	Name of Lin	nited Liability Company	
The end	losed Articles of	FAmendment and fee(s) are sub	omitted for filing,	
		ondence concerning this matter	_	
		Maksim Tabunou		
	٧.		Name of Person	
	٠.	NOXILC		
			Firm/Company	
		3169 SE 2nd Drive		,
		5165 GE 200 170	Address	
		Homestead, Fl 33033	73967004	
			City/State and Zip Code	ما المالية الم
		hest.pro@live.com		
		i-mail address:	to be used for fitture annual report notif	fication)
For furt	her information o	concerning this matter, please of	all:	
Maksim	Tabunou	•	305 409-2764	
	Name o	of Person	at ()  Area Code Daytina	e Telephone Number
Enclosed	d is a check for t	he following amount:		
	00 Filing F <del>ee</del>	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is cuclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

MAILING ADDRESS: 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

INOX LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited I	tay as it now appears on our Liability Company)	records.)	,		
The Articles of Organization for this Limited Li Florida document number 1,10000004411	ability Company	were filed on 01/15/2010	- <del></del>	_ and as	ssigned	i
This amendment is submitted to amend the follo	owing;					
A. If amending name, enter the new name of	the limited ligh	sility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"I.I.C" or the abbrev	iation "	L.L.C."	
Enter new principal offices address, if applic	the new name of the limited liability company here:  Die and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C."  Address, if applicable:  ST BE A STREET ADDRESS)  If applicable:  1169 SE 2nd Drive  Homestead, Fl 33033  1170 Figure 100 F					
(Principal office address MUST BE A STREE		Homestead, Fl 33033				
		2140 OF 2-4 Dates	T.	22	AUG	* 17.12
Enter new mailing address, if applicable:	•			× 562	$\overline{\sigma}$	
(Mailing address MAY BE A POST OFFICE	BOX)	11010051080, 11 33 933		11		۲Ţ٦
				<u> </u>		_
B. If amending the registered agent and/	or registered o	iffice address on our re	cords. enter the	្នា ពេធពេស	* *	ne Dev
registered agent and/or the new registered of				177	Ó	==
				•		
Name of New Registered Agent:						
New Registered Office Address:	3169 SE 2nd D	Prive		•		
132	*	Enter Florida street	address			
	Homestead		Florida _33033			
		Cliv			, —	_

## 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>	Name	Address	Type of Action
AMBR	Maksim Tabunou	3169 SE 2nd Drive	□ Add
		Homestead, FI 33033	[] Remove
	•		■ Change
AMBR	Siarhel Karankevich	3169 SE 2nd Drive	D Add
**************************************		Homestead, FI 33033	Remove
			Change
			TO Remove Control Change
			© Remove
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