110000005085

(Red	questor's Name)	
(Address)		
(Address)		
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	<u>e)</u>
·	·	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700246030557

03/27/13--01021--024 **25.00

13 HAR 27 AM II: 06
ALLAHASSEE, I LÖRİDA

B. BOSTICK
MAR 2 8 2013
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

V.I.K. INTERNATIONAL GROUP, 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:

Mikhael E.Keifitz, Esq

Name of Person

Firm/Company

3363 NE 163 Street, #708

Address

North Miami Beach,FL 33160

City/State and Zip Code

info@meklegal.com

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

For further information concerning this matter, please call:

Mikhael E.Keifitz, Esq

Name of Person

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

V.I.K. INTERNATIONAL GI (Name of the Limited		ny as it now appears on our records.)			
The Articles of Organization for this Limited List Florida document number L1000005088			_ and assigr	ned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company," the designation "1710	ω	reviatio	
Enter new principal offices address, if applica	ıble:	3363 NE 163 Street, #708		در الله در الله در الله	
(Principal office address MUST BE A STREET	T ADDRESS)	North Miami Beach,FL 33160	·	, 1 4	
Enter new mailing address, if applicable:			MIN: 06	Next P	
(Mailing address MAY BE A POST OFFICE BOX)		North Miami Beach,FL 33160			
B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered of lice address her	fice address on our records, <u>enter the</u>	name of t	he nev	
Name of New Registered Agent:	Mikhael E.I	Keifitz,Esq			
New Registered Office Address:	3363 NE 163 Street, #708				
	A1. (1 B.F)	Enter Florida street addres			
	North Mian	ni Beach,FL 33160 , Florida 3316	50		

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 herebyconfirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent Signature of New Registered Agent

Zip Code

Page 1 of 3

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 <u>T</u>	vpe of Action
MGRM	Kostenko Vladimir	10245 COLLINS AVENUE, STE 15C BAL HARBOUR, FL 33154	Add
		<u> </u>	Remove
MGRM	Kostenko,Irina	10245 COLLINS AVENUE, STE 15C BAL HARBOUR, FL 33154	Add
			Remove
MGRM	Vladimir Kostenko	3363 NE 163 Street, #708	Add
		North Miami Beach,FL 33160	Remove
MGRM	Irina Kostenko	3363 NE 163 Street, #708	√ ∧dd
		North Miami Beach,FL 33160	Remove
			Add
		ALL	Remove
		AQUEON	Add
		DO A	Remove

. If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
·	
March 19	2012
ated Watch 19	$\frac{2013}{\sqrt{n}}$
	Signature of a member or authorized representative of a member
	Madimir kostenko Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 MAR 27 AM II: 06