

L100000009678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST-WEST TRANS, 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:

Bruce Prober, Esq.

\_\_\_\_\_  
Name of Person

The Law offices of Bruce Prober, PA

\_\_\_\_\_  
Firm/Company

330 N. Andrews Ave Suite 450

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

harmony.ts@yahoo.com

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

For further information concerning this matter, please call:

Bruce Prober

954

816-1260

at (

\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
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**

EAST-WEST TRANS, 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 01/27/2010 and assigned Florida document number L10000009678.

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:** 190 NE 199th Street Suite 203 Miami, FL 33179

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

**Enter new mailing address, if applicable:** 190 NE 199th Street Suite 203 Miami, FL 33179

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

**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: Bruce Prober, Esq.

New Registered Office Address: 330 N. Andrews Ave Suite 450

*Enter Florida street address*

Fort Lauderdale, **Florida** 33301

*City*

*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.*

Bruce Prober, Esq.

**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         | ANAIDA R KOLESNIKOVA | 502 NE 195TH ST.<br>MIAMI, FL 33179                       | <input type="checkbox"/> Add               |
|              |                      |   | <input checked="" type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Change            |
| MGR          | ANAIDA R KOLESNIKOVA | 502 NE 195TH ST.<br>MIAMI, FL 33179                       | <input type="checkbox"/> Add               |
|              |                      |   | <input checked="" type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Change            |
| AMBR         | Sergey Shablakov     | 330 N. Andrews Ave Suite 450<br>Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Add    |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

S/ Sergey Shablakov

Sergey Shablakov

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**Filing Fee: \$25.00**