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COVER LETTER

•	on of Cor			
		rans, LLC		
		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed A	aticles of .	Amendment and fee(s) are sub	mitted for fifing.	
Please return al	Leorrespo	ndence concerning this matter	to the following:	
		Andrey Tershehenko		
			Name of Person	
		East-West Trans, LLC		
			Firm/Company	
		190 NE 199th Street, Ste. 1	203	
			Address	
		Miami, FL 33179		
		eastwtranst@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repo	rt notification)
For further info	rmation co	oncerning this matter, please ca	all:	
Andrey Teresh	ehenko		305 942755	
	Name of	Person	Area Code D	Paytime Telephone Number
Enclosed is a cl	neck for th	e following amount:		
■ \$25.00 Filia	ng 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 Co (A Florida Lin	ompany as it now appears on our records, ited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/27/2010	and assigned
Florida document number 1.10000009678		
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 "Lamited	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 ADDRES.	<u> </u>	
		<u> </u>
		至量量可
Enter new mailing address, if applicable:	<u></u>	532 - F
(Mailing address MAY BE A POST OFFICE BOX)		
	-	0 : 0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the no
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	-
	, Flo	rida
 	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.

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>	Type of Action
AMBR	Shablakov Sergey	330 N ANDREWS AVE Ste 450 FORT LAUDERDALE, FL 33301	Add
			■ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			□ Change
			□ Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
	
	
Fffeet	01/08/2019 ive date if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing: [cetive 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nem's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1/08/19
	Signature of a member or authorized representative of a member
	Hudrey Tereshchenko Typed or printed name of signee

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Filing Fee: \$25.00