

LID0000014491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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C. Horvinsky **GAVE**

AUTHORIZATION BY PHONE TO

CORRECT *current name of LLC*

DATE *4/22/15*

CC. EXAM *file*

Office Use Only



900271089369

04/06/15--01023--012 **25.00

APR 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: US EKSPERIMENT, 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:

Chikhladze Giorgi

Name of Person

US EKSPERIMENT, LLC

Firm/Company

1177 Louisiana Ave, Ste 112

Address

Winter Park, FL 32789

City/State and Zip Code

georgi.2012@mail.ru

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

For further information concerning this matter, please call:

Oleksiy Horynskyy

347 968 2303

Name of Person

at (_____)_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

US EKSPERIMENT, 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 02/08/2010 and assigned
Florida document number L10000014491.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1177 Louisiana Ave, Ste 112

(Principal office address MUST BE A STREET ADDRESS)

Winter Park, FL 32789

Enter new mailing address, if applicable:

1177 Louisiana Ave, Ste 112

(Mailing address MAY BE A POST OFFICE BOX)

Winter Park, FL 32789

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:

Oleksiy Horynskyy

New Registered Office Address:

1177 Louisiana Ave, Ste 112

Enter Florida street address

Winter Park

Florida 32789

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
Agent	Alexandre Panteleev	6825 Bay St	<input type="checkbox"/> Add
		St Pete Beach, Fl 33706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/27, 2015

Signature of a member or authorized representative of a member
Chikhladze Giorgi

Typed or printed name of Signer