

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| L. SELLERS | | | | |
| JUL 2 1 2011 | | | | |
| EXAMINER | | | | |

Office Use Only

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M JUL 19 PM 3: 04
SESSETARY OF STATE
AREASSEE. FLORIDA

COVER LETTER

TO:

| TO: | Registration Se Division of Cor | ection Porations | | | |
|--|------------------------------------|--|--|--------------------------------------|-------------|
| | | | SDARM LLC | | |
| | | | ited Liability Company | | |
| The en | iclosed Articles of | . Amendment and fee(s) are su | bmitted for filing. | | |
| Please | return all correspo | ondence concerning this matte | r to the following: | | |
| | | | YELENA ZYBKOVA Name of Person | · | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| 501 THREE ISLAND BLVD, APT 312 Address | | | | | |
| | HALLANDALE FL 33009 | | | | |
| | | PLAT | City/State and Zip Code SDARM1@GMAIL.CO | M | |
| For fur | ther information co | E-mail address: (oncerning this matter, please of | to be used for future annual report | notification) | |
| | YELE Name o | NA ZUBKOVA | at (786) | 859-6879 | |
| | Name of | rerson | Area Code & Da | aytime Telephone Number | |
| Enclose | ed is a check for th | e following amount: | • | | |
| ▼ \$25 | .00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is encl | | of Status & |
| | Registra Division P.O. Bo | NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | Registration S Division of Co Clifton Buildi | orporations ng e Center Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PLATSDARM LLC |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| (A Fiorida Entitled Etabling Company) |
| The Articles of Organization for this Limited Liability Company were filed on 03/08/2010 and assigned |
| Florida document numberL10000025405 |
| rional document mander |
| |
| 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 abbreviati |
| "L.L.C." |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| |
| |
| Enter new mailing address, if applicable: |
| |
| (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 ne |
| registered agent and/or the new registered office address here: |
| |
| Name of New Registered Agent: |
| |
| New Registered Office Address: Enter Florida street attress |
| Enter Florida Street agaress |
| Florida |
| City Zip odep |
| 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 |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further define to comply with |
| the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with an 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 hereby confirm that the limited liability |
| company has been notified in writing of this change. |

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 Type of Action MGR KATASONOV, MIKHAIL 501 THREE ISLANDS BLVD #312 _ Add HALLANDALE BEACH FL 33009 US ✓ Remove Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

PEDOSOV, IGOR
Typed or printed name of signee

Page 2 of 2

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Filing Fee: \$25.00