L10000038794

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N. Cuttigan AUG 3 0 2011.

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	BJECT: Gardien LLC			
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
		Konstantin Petrenko		
		Name of Person		
	Firm/Company			
	2023 N. Atlantic Ave #260 Address			
	6			
	Cocoa Beach, FL 32931 City/State and Zip Code			
	F-mail address: (kpetrenko@live.com to be used for future annual report notifi	cation)	
For further information	n concerning this matter, please of	·		
	stantin Petrenko	at (_254_)	2144980	
Name	e of Person	Area Code & Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION **OF**

FILED

		SECRETARY OF STATE
(Name of the Limited Liability	Gardien LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Limited Liability Company)	iis oir our records.)
The Articles of Organization for this Limited Liability C Florida document number L10000038794	ompany were filed on	12 April 2010 and assigned
Florida document number L10000038794	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :
· - · ·		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	
		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The Registered Office Address.	E	nter Florida street address
	· · ·	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Pagistared	LAgont	•

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 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name Address **Type of Action** MGRM Art Grachoff ___ Add 15 N. Atlantic Ave Unit 202 Remove Cocoa Beach, FL 32931 Konstantin Petrenko MGR 15 N. Atlantic Ave Unit 202 ✓ Add Cocoa Beach, FL 32931 Remove ___ Add Remove ∏Add Remove \prod Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 26 August Dated of a member or authorized representative of a member Art Grachoff Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00