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SECRETARY OF STATE TO CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
TO: Registration Section Division of Corporations SUBJECT: 2 HUKOVSKYT USA 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:
Anatolii ANATOLLH ZHUKOVSKYI Name of Person
ZHUKOVSKYT USA LLC Firm/Company
15282 Fishhawk Blud Address
City/State and Zip Code 2hukovskiy Ogmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anatolii 2 hukouskyi at (718) 877-1924 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \frac{1}{2}\$ \$60.00 Filing Fee, 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

		•	\$\cdot\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u> </u>	yx USA L	LC	<u> </u>
(<u>Name of the Limited</u> (A	<u>1 Liability Company as it</u> A Florida Limited Liability	now appears on our records. Company)	and assigned
			ڕ؞ؚ
The Articles of Organization for this Limited L		filed on <u>9129110</u>	and assigned
Florida document number <u>L100000</u> 4	6079		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liability co	ompany here:	
The new name must be distinguishable and end with L.L.C."	th the words "Limited Lia	bility Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applic	eable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
muning damess may be a rost of field	<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered o		ldress on our records, ent	ter the name of the nev
egistered agent and/or the new registered o	ince address here.		
Name of New Registered Agent:	ANATOLII	ZHUKOVSK	YT
New Registered Office Address:	5938 Ch	urchside Dr.	
		Enter Florida street	address
	Lithia	, Florida	33547
,	City		Zip Code
	.		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment us 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. We be confirm that the limited liability company has been notified in writing of this change.

If Charles Registered Agent, Signature of New Registered Agent

	Member being added o	r removed from ou	r recorus.	
MGR = Man MGRM = M	ager anaging Member			
<u> Fitle</u>	<u>Name</u>		<u>address</u>	Type of Action
MGRM	ANATOLII	Zhukovski)	5938 Churchside O Lithia FL 33547	Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
). If amendi 	ing any other informatio	on, enter change(s) h	nere: (Attach additional sheets, if neco	essary.)
Dated	8/1/11		7	
-	Signat		thorized representative of a member	
-	ANATOLET	2hvkwsh Typed or pri	nted name of signee	

Page 2 of 2

Filing Fee: \$25.00