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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
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EXAMINER

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SECREPAY OF STATE TALLAHAS 法确子LORIBA

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJE	ECT:	TSYGAN	OV & SUSEN, PL	
30201			ited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres _l	condence concerning this matte	r to the following:	
			YURI TSYGANOV	
			Name of Person	
YURI TSYGANOV, PL				
			Firm/Company	
		111 NO	RTH PINE ISLAND S	TE. 205
			Address	
		Pl	ANTATION, FL 3332	24
		VI	City/State and Zip Code	M
		E-mail address: (IRILAW@GMAIL.CO to be used for future annual rep	oort notification)
For furt	her information	concerning this matter, please of	call:	
		RI TSYGANOV	at (_561)	666-2219
	Name	of Person	Area Code &	Daytime Telephone Number
Enclose	d is a check for t	the following amount:		
□\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	s60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations ox 6327 assee, F1, 32314	Registration Division of Clifton Buil	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TS	SYGANOV 8	SUSEN, PL			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.		
The Articles of Organization for this Limited L	• •	were filed on	05/18/2010	and assig	gned
Florida document numberL10000053	3561				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	the limited liab	ility company here	:		
	YURI TSYG				
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Compan	y," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applicable:		111 NORTH PINE ISLAND STE. 205			
(Principal office address MUST BE A STREE	T ADDRESS)	PLANTATION, FL 33324			
Enter new mailing address, if applicable:		111 NORTH P	INE ISLAND S	TE. 205	
(Mailing address MAY BE A POST OFFICE BOX)		PLANTATION,	FL 33324		
•					
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:	or registered of <u>fice address her</u>	fice address on ou e:	r records, <u>enter</u>	The a	the new
New Registered Office Address:	111 NORTH	I PINE ISLAND S	STE. 205	255 E	errolatel
			r Florida street aa	dresse	ALIFED CAMES
	PL	ANTATION	, Florida	33324	
		City	, , , , , , , , , , , , , , , , , ,	Zip Code	5,30
New Registered Agent's Signature, if changing R		·		4: 40 STATE LORIB	
I hereby accept the appointment as registered	Lagent and agr	ee to act in this can	acity I further a	oree 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 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

	Aanaging Member		Tune of Action
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u> </u>		Add Remove
· ——			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
\ .			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
	,		_
Dated	12/04/2010		
		TSE	
		ber or authorized representative of a member	
		YURI TSYGANOV ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00