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COVER LETTER

TO: Registration Section Division of Corporations		,	
SUBJECT: Moden Home Importement UC 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:			
Marsin Baldichenko Name of Person	_		
Mostern Home Improvement LCC Firm/Company	_		
936 Cheetan Trail Address			
Apopta FL 3317 City/State and Zip Code	_		
E-mail address: (to be used for future annual report notification)	20	15	
For further information concerning this matter, please call:	# (C)	175 170	•
Maksim Babichenko at (407) 212-9101		100 CC3 L+3	\$22.8 1
Name of Person Area Code Daytime Telephone Numb	er .	50	ў ман Ч _{есь}
Enclosed is a check for the following amount: \$\sum_{\sum_{\text{2}}} \$25.00 \text{ Filing Fee} \$30.00 \text{ Filing Fee} & \$60.00 \text{ I}\$	iling Fee,		
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	cate of Statued Copy al copy is encl		

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

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	1122010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>/ here</u> :
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:	
(Principal office address MUST BE A STREET ADDRESS)	26 5
	70 7.40 711 - 742
	25 B
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ب نین کیا
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	El · · · · · · · · · · · · · · · · · · ·
Enter	Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title **Address** Name **Type of Action** managing □ Add □ Remove _□ Add □ Remove □ Add □ Remove □ Add ☐ Remove

□ Add

☐ Remove

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ve date, if other than the date of i	filing:(optional)
	filing: (optional) to date of receipt or filed date and cannot be more than 90 days after
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March 10	rtment of State)
March 10	rtment of State)

Page 3 of 3

Filing Fee: \$25.00