100000086201

(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:			

Office Use Only



400184524054

08/20/10--01023--022 **60.00



J. BRYAN

AUG 23 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	S.V. FLORIDA TOURS; LLC			
SOBOLET.	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.			
Please return all correspondent	condence concerning this matter to the following:			
	Sergey Karelin	-n		
·	Name of Person	THE		
Firm/Company To				
21215 NE 38th Avenue				
	Aventura FL 33/80 City/State and Zip Code			
	City/State and Zip Code Lare/in 927 @ gmai/, com E-mail address: (to be used for fature annual report notification)			
For further information	concerning this matter, please call:			
	Finkelshteyn at (305) 931-9212 e of Person Area Code & Daytime Telephone Number			
Name	of Person Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)		
Regis Divis P.O. I	STREET/COURIER ADDRESS: stration Section sion of Corporations Box 6327 shassee, 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

	DA TOURS, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on and assigned
Florida document number <u>£ 1000086201</u> .	
This amendment is submitted to amend the following:	20 P
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" of the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<i>N/A</i>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	U/A Enter Florida street address
	MA, Florida
	City 7in Code

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 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 Manager Members on our records, enter the titl ame, and address of each Manager or Managing Member being added or removed from our records: MGR'= Manager MGRM = Managing Member <u>Name</u> **Address** Type of Action Title Remove 26 Entuziastov st Mada Chelyabinsk 454080 Remove Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00