# L10000088120

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

HALLMARK 206, 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:

Scott Levine, Esq.

Name of Person

Law Offices of Scott Levine, PA

Firm/Company

1555 North Park Drive, Suite102

Address

Weston, Florida 33326

City/State and Zip Code

scootslaw@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Levine

<sub>4,7</sub>954 709-2583

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
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

## FILED

# ARTICLES OF ORGANIZATION 2013 JUN 19 PM 12: 36

**OF** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited 1 (A	<u>Liability Compar</u> Florida Limited L	ny as it now appears on ou liability Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number L1000088120	bility Company	were filed on 08/23/20	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		18101 Collins Avenue, Unit 5507		
(Principal office address MUST BE A STREET ADDRESS)		Sunny Isles Beach, Florida 33160		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18101 Collins Avenue, Unit 5507 Sunny Isles Beach, Florida 33160		
B. If amending the registered agent and/o registered agent and/or the new registered off			ords, enter the name of the new	
Name of New Registered Agent:	Scott S. Levine, Esq.			
New Registered Office Address: 1555 North Park Drive, Suite 102			2	
		Enter Flor	ida street address	
	Weston		, Florida <u>33326</u>	
		City	Zip Code	

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

HALLMARK 206, LLC

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.

egoacred Agent, Signature of New Registered Agent

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	ype of Action
MGRM	Igor Zorin	18101 Collins Avenue, Unit 5507	Add
		Sunny Isles Beach, Florida 33160	Remove
MGRM	SVYATOSLAV MANGUSHEV	18101 Collins Avenue, Unit 4702	Add
		Sunny Isles Beach, Florida 33160	Remove
MGR	ANDREY MANGUSHEV	18101 Collins Avenue, Unit 3802	Add
		Sunny Isles Beach, Florida 33160	Remove
MGR	ALENA MANGUSHEVA	18101 Collins Avenue, Unit 3802	Add
		Sunny Isles Beach, Florida 33160	Remove
			Add
			Remove
			Add
		·	Remove

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
4111.	
<del> </del>	
Dated June	17 2013
	1117
7	Signature of a member or authorized representative of a member
<u>S</u>	cott Levine, Esq. as Attorney in Fact for Igor Zorin  Typed or printed name of signee
	Typed of printed finding of signee

Page 3 of 3

Filing Fee: \$25.00

FILELD 2013 JUN 19 PH 12: 31 SECRETARY OF STATE