

OCT 25 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARDEN LAKES 2010 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:

SHULGIN, NIKOLAY

Name of Person

GARDEN LAKES 2010 LLC

Firm/Company

P O BOX 3457

Address

SEMINOLE FL 33775 US

City/State and Zip Code

best.pro@live.com

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

For further information concerning this matter, please call:

SHULGIN, NIKOLAY

Name of Person

at (**727**)

686-1481

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 24 AM 8:40

FILED

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
ARTICLES OF ORGANIZATION
OF**

GARDEN LAKES 2010 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/09/2010 and assigned
Florida document number L10000094700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BEST PRO SERVICES INC

New Registered Office Address:

5580 PARK BLVD #10

Enter Florida street address

PINELLAS PARK

, Florida

33781

City

Zip 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.

Vladimir Borissov

If Changing Registered 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHULGIN, NIKOLAY	2026 20TH AVE PKWY INDIAN ROCK BEACH, FL 33785	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SHULGIN, NIKOLAY	7903 SEMINOLE BLVD, APT. 2408 SEMINOLE FL 33772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHULGINA, VALENTINA	2026 20TH AVE PKWY INDIAN ROCK BEACH, FL 33785	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SHULGINA, VALENTINA	7903 SEMINOLE BLVD, APT. 2408 SEMINOLE FL 33772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

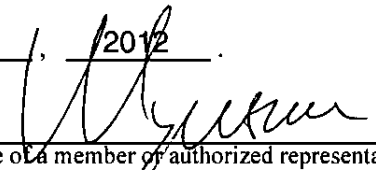
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated OCTOBER 17, 2012



Signature of a member or authorized representative of a member

SHULGIN, NIKOLAY

Typed or printed name of signee