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SEP - 4 2013 T. HASAFT 201

COVER LETTER

TO: Registration Section
Division of Corporations

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

SHULGIN MANAGEMENT LLC

Firm/Company

7985 112TH STREET, UNIT 212

Address

SEMINOLE, FL 33772

City/State and Zip Code

investor1969@hotmail.com

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

For further information concerning this matter, please call:

SHULGIN, NIKOLAY

727₆₈₆₋₁₄₈₁

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 ARTICLES OF ORGANIZATION OF

GARDEN LAKES 2010 LLC

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

· (A FI	orida Limited Lial	bility Company)		
The Articles of Organization for this Limited Liab Florida document number L10000094700	ility Company w	ere filed on 09/09/2010	0	and assigned
Florida document number	·		全 級	ಪ
This amendment is submitted to amend the follow	ring:		LAHASSE	FILED SEP -3 PH
A. If amending name, enter the new name of the	ne limited liabili	ty company here:	in ⇔	골 [] - 골 []
			LOR LOR	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	d Liability Company," the d	esignation "FE	or the abbreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
				
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our reco	rds, <u>enter the</u>	name of the new
Name of New Registered Agent:	STEVE W. M	100RE		
New Registered Office Address:) 118TH AVE	N # 300		
The state of the s			la street address	
	LARGO		Florida 3377	3
		City	7	Cip Code
New Registered Agent's Signature, if changing Reg	gistered 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.

Changing Begintered Agent, Signature of New Registered Age

Page 1 of 3

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	Type of Action
MGRM	SHULGINA, VALENTINA	2026 20TH AVE PKWY	Add
		INDIAN ROCK BEACH, FL 3378	85 Remove
			Add
			Remove
		TALL	Add
		ALLAMASSEE	Remove
		FLORIDA	Add
		>	Remove
			Add
			Remove
			Add
			Remove

amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
	
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AUGUST 19	2013
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<u> </u>	
	ature of a member or authorized representative of a member
SHULGIN, NIKO	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED

13 SEP -3 PM 1: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA