

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L100002498653

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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19 AUG 21 AM 10:17
SECRETARY OF STATE

19 AUG 21 PM 2:49
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SELMOUNT TOC 1604, LLC**

| | |
|-----------------------|---------|
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Corporate Filing Menu

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AUG 22 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H190002498653

SELF MOUNT TOC 1604 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 11/05/2010 and assigned
Florida document number L10000115685.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---|---|
| MGR | Natalia Zhigareva | 16047 Collins Ave Unit 1604 Sunny Isles Beach FL 33160 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

19 AUG 21 PM 2:50

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: AUGUST 20, 2019

Handwritten signature of Mikhail Belovolov

Signature of a member or authorized representative of a member

MIKHAIL BELOVOLOV

Typed or printed name of signer