# L10000124204

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ALL ANY OF STATE.

D. BRUCE

DEC 1 0 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Sect	ion prations	
SUBJECT: S	BFS LLC	
ocidect.	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	ELENH SOSMOVS Name of Person	Kaya
	Firm/Company	
	2200 NE // STREE	25
	Address  Hallanolale, Fa 3  City/State and Zip Code  elengol & comco  E-mail address: (to be used for future annual re	33009 FALL TO B
	E-mail address: (to be used for future annual re	port notification)  HASSEE ST. 17 & S.
For further information con	cerning this matter, please call:	77 2 1
ELENA Name of F	erson at (954) 6 9	29-5969 BT 57  R Daytime Telephone Number
Enclosed is a check for the \$25.00 Filing Fee		\$60.00 Filing Fee, Certificate of Status &

### **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

ARTICLE	S OF ORGANIZATION	
*	OF	
SRES	° LLC	
(Name of the Limited Liabi	ity Company as it now appears on our record a Limited Liability Company)	<u>ls.</u> )
• •		
The Articles of Organization for this Limited Liability	Company were filed on $\frac{1201120}{120}$	dand assigned
Florida document number L1000012 Ya	104	
This amendment is submitted to amend the following		•
A. If amending name, enter the new name of the li	mited liability company here:	
7		
The new name must be distinguishable and end with the	vords "Limited Liability Company," the designa	ation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		25 B m
(Principal office address MUST BE A STREET AD	DRESS)	ASA
		(T) - (
		of St.
Enter new mailing address, if applicable:		000 <b>6 9</b>
(Mailing address MAY BE A POST OFFICE BOX)		)
• •		
B. If amending the registered agent and/or reg	istered office address on our records, e	nter the name of the new
registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ň G R m	SHARIPOV, ALExey	5445 Collins Que, #1426 miami Beacu, 12 33140	Add Remove
			Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
	<del></del>		Add Remove
<del></del>		•	Add Remove
D. If amend	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	HELE TO THE COUNTY OF THE COUN
Dated/	12/6/2010 , 2010		7
	managing mem	r authorized representative of a member  GER SCRGEY KONOV.  printed name of signee	4101

Page 2 of 2

Filing Fee: \$25.00