1110000000586

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
- - -		

Office Use Only



000264226260

09/12/14--01020--026 **25.00

2 CH # 52

SEP 1 8 2014 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

DOGMAR HOLDINGS LLC

SUBJECT:

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:

ELENA SOSNOVSKAYA

Name of Person

ES ACCOUNTING SERVICES INC

Firm/Company

2200 NE 11 STREET

Address

HALLANDALE, FL 33009

City/State and Zip Code

LENOK69@HOTMAIL.COM

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

For further information concerning this matter, please call:

ELENA SOSNOVSKAYA

#.954\

699-5969

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

1 \$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

DOGMAR HOLDINGS LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L1100000586	on 01/03/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and end with the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 6 五
(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 here:	ess on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** <u>Name</u> ANDREI ZELENSKI 18801 COLLINS AVE, STE. 102-241 **AMBR** SUNNY ISLES BEACH, FL 33160 **ALEXEY BORODIN** 18801 COLLINS AVE, STE. 102-241 AMBR SUNNY ISLES BEACH, FL 33160 □ Add □ Add ☐ Remove □ Add _□ Remove ☐ Add ☐ Remove

amending any other information, enter change(s) here: (Attach add	attional sneets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State)	not be more than 90 days after
SEPTEMBER 5 , 2014	
andrey No	KONOROV
Signature of a member or authorized represent	ative of a member
ANDREY NIKONOROV	
Typed or printed name of sign	ee

Page 3 of 3

Filing Fee: \$25.00