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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 2 5 2011

EXAMINER

COVER LETTER

то:	Registration Section Division of Corpor			7	•
SUBJI	Е С Т:	Prirva	, LLC		
		Name of Limit	ted Liability Company		
The en	closed Articles of Ame	endment and fee(s) are sub	omitted for filing.		
Please	return all corresponde	nce concerning this matter	to the following:		
		Yur	i Kalachnik Name of Person		
	_				
		P	rirva, LLC Firm/Company		
	-	<u></u>	Firm/Company		
	_	3721	NE 168 ST.		
	_	N. Miam	City/State and Zip Code	_ 3316	<u>·O</u>
	_	_	City/State and Zip Code	<u>ــــــــــــــــــــــــــــــــــــ</u>	
	_	E-mail address: (1	rirva @ Comcas-	h. net notification)	
For fur	ther information conce	erning this matter, please c		,	
	Yuri Ka	lachnik	at (305) 804 Area Code & Da	-7090	
	/ Name of Per	son	Area Code & Da	nytime Telephone	Number
Enclose	ed is a check for the fo	llowing amount:			
⊠ \$25	.00 Filing Fee	330.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed)	0.00 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

PRIRVA	11 MAR 24 PM 12: 00
(Name of the Limited Liability Compan (A Florida Limited Li	•
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 11 00000 2235</u> .	were filed on $01/06/2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	A
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

Zip Code

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 **Title** . Address **Type of Action** Name 1 Yuri Kalachnik

Alexey Lyakhov MGRM 372| NE 168 ST NMIAMI BEACH, FL 33160 **⋈** Add ☐ Remove 3721 NE 168 ST N MIAMI BEACH, FL 33160 ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 20th Signature of a member or authorized representative of a member uri Kalachnik Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00