## 111000019907

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2011 AUG = 1 AM IQ: 5 SECRETARY OF STATE TALLAHASSEE, FLORY

T. CLINE

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**EXAMINER** 

## **COVER LETTER**

To: Registration Se Division of Cor	ection porations			
SUBJECT:	LUCKY I	POCKET, L.L.C.		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspondence	ondence concerning this matter	r to the following:		
		VADIM SHULEPOV		
		Name of Person		
		Firm/Company		
	1833	S. OCEAN DR. STE 812		
		Address		
	HA	ALLANDALE, FL 33009	·	
		City/State and Zip Code		
	F. mail addrace: (	kslogin@yahoo.om to be used for future annual report notifical	tion)	
			transis	
For further information c	oncerning this matter, please of	call:	ALL SEC	
		at ()		17
Name o	f Person	Area Code & Daytime T	elephone Number SSR	An same accompan
			mo a	
Enclosed is a check for the	ne following amount:		10.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	$\Box$
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feet Continued Continued 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

	LUCKY POCKET, L.L.C.		
( <u>Nar</u>	ne of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ers on our records.)	
	or this Limited Liability Company were filed on	02/16/2011	and assigned
Florida document number	L11000019907		
This amendment is submitted t	o amend the following:		
A. If amending name, enter	the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguis "L.L.C."	shable and end with the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:		
(Principal office address MUS	ST BE A STREET ADDRESS)		
	<u></u>		<b>3</b> 1
Enter new mailing address, it	fannlicable:		全部 2 "不
(Mailing address MAY BE A			ASS -
Muning duaress MAI_DEA	<u> </u>		770
			Es E
B. If amending the registe	red agent and/or registered office address on	our records, enter t	be dame of the new
registered agent and/or the n	ew registered office address here:	our records, enter t	
	<del></del>		
Name of New Registe	ered Agent:		
New Registered Office			
	nter Florida street add	ress	
		, 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RYZHYKH, VIKTOR	1833 S. OCEAN DR. STE 812 HALLANDALE, FL 33009	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AHAST Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary	F STATE
_		•	
<del></del>			
Dated	July 25th	<u>201†                                    </u>	
	Signature of a m	ember or authorized representative of a member	
		VADIM SHULEPOV	,
	,	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00