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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Special Instructions to Filing Officer:					
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B. KOHR

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EXAMINER



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COVER LETTER

TO:	Registration Sec Division of Corp			
	•	PhlaDay 110		
SUBJE	CT:	Name of Limit	led Liability Company	
	/ 6 .	Number of Limit	company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	- TEE
Please r	eturn all correspon	idence concerning this matter	to the following:	College Car
		Dmytro	Yakovets Name of Person	OWISON OF CO.
		Dnlyp	Tay LLC Firm/Company	
		380 F	ISH HAWK Drive	<u></u>
,		Winter	Haven FL 33884 City/State and Zip Code	·
		E-mail address: (t	laudistributiona of objects of future annual report notifica	
For furt	her information co	ncerning this matter, please c	all:	
	Dnytro Name of	Yakwets	at (863) 324-[13] Area Code & Daytime T	Celephone Number
Enclose	. d is a check for the	e following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

· Only Play LI	C	OLONGO CO	
(Name of the Limited Liabili (A Florida	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LVI 0006716049</u>		7 5 11 and assigned	
This amendment is submitted to amend the following:		6	
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
	.		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	<u>.</u>	, 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, 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 Name** <u>Address</u> **Type of Action** 380 Fish Hawk Drive MGRM Remove Volodymr Muraviov MGR Add Remove ☐ Add Remove Remove \square Add Remove Remove . D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated. Signature of a member or authorized representative of a member ed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00