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EXAMINER



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COVER LETTER

TO: Registration Section

Division of Co	rporations			
CUD IF CT.	A G IN\	/EST CO, LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:	. 2.,	
			2 3	
	ALEXEI GOPKALO			
		Name of Person	2 .	
•	Δ	G INVEST CO, LLC	12 SEP 24 PM 4: 13	
	<u></u>	Firm/Company		
			ပ်	
	1315	POLK STREET UNIT 0 Address	1	
		1 kmm oou		
	HC	DLLYWOOD, FL, 33019		
		City/State and Zip Code		
	alexgopkalo@y	rahoo.ca / lioudmila69@ to be used for future annual report i	yahoo.com	
			iouncation)	
For further information	concerning this matter, please of	call:		
LIOUD	MILA CHADRINA	at (_786)	253-4888	
Name of Person			ytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A) The Articles of Organization for this Limited Li	ability Company	y as it now appea iability Company)		_and assigned
Florida document numberL11000086				F. 13
This amendment is submitted to amend the following	wing:			D
A. If amending name, enter the new name of	the limited liabi	lity company he	re:	
	NON	E		
The new name must be distinguishable and end with "L.L.C."	h the words "Limit	ed Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ible:	NONE		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:			our records, enter the	name of the new
New Registered Office Address:				
		En	nter Florida street addre.	SS
			, 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 of Managing Member being added or removed from our records:

<u> Title</u>	Name	.	Address	Type of Actio
MGR	ALEXEI GOPKALO	<u>) .</u> .	93 ROSEDALE HTS DR THORNHUL ONTARIO 14.1 4T3	Add Remove
		f as	4.2.13-1)	
MGR	IRYNA CHEREVKO	<u> </u>	1315 POLK STREET HOLL YWOOD, FL 33019	Add ☐ Remove
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Dated	SEPTEMBER 10	,2012		er van 1772 de van 1772 de galaire en
	Signatu	re of a member or	authorized representative of a member	· · · · · ·

Filing Fee: \$25.00