Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVN TRANSPORTATION, LLC

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8/18/2015

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COVER LETTER

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SURW		AVN TRAN	isportation, LLC			
SUBJECT: Name of Limited Liability Company						
The end	ಭಂತಾರ	Articles of A	Amondment and fee(s) are sub	mitted for filing.		
Picase	return i	til correspo	rdence concarning this multier	to the following:		
			GUSHCHIN, VLADIMIR	.N		
				Name of Person		
			AVN TRANSPORTATIO	N, LLC		
			······································	Firm/Company		
	6287 92ND PLACE N - APT 2705					
				Address		
			PINECLAS PARK, FL 33	782 '		
				City/State and Zip Code		
			pcerblo@live.com			
			E-mail address: (to be used for things annual report not	ification)	
For fur	ther ini	formation en	ncorning this matter, please co	all:		
GUSH	CHIN,	VLADIMI	RN	727 4376972		
		Name of	Person	Area Cods Daytin	ne Telephone Number	
Enclose	ed is e	cheak for th	e following amount:			
\$2 \$25	17 00.8	ling Fee	S30.00 Filing Fee & Certificate of Status	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 Taltabassec, FL 32314 STREET/COURIER ADDRESS; Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

2015 AUG 20 AM 8: 00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE LALLAHASSEE, FLORIDA

AVN IRANSPORTATION, LLC.		pany so il now appears so I Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Compan	ly were filed on OB/12/	2011 and assigned
This amendment is submitted to amend the fol	lowing:		,
A. If amending name, enter the new name.	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lin	bility Company," the desig	nation "LLC" or the abbreviation "LL.C."
finter new principal offices address, if appli	icable:	·*************************************	
(Principal office address MIIST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		2501 Hare Blvd , a	96J-4 _.
Matting address MAY BE A POST OFFICE	BOX)	Clearwater , FL 331	64
B. If amending the registered agent and registered agent and/or the new registered of			ir records, enter the name of the
Name of New Registered Agent:	GUSHCHIN, ANATOLIY		
New Registered Office Address:	2501 Harn Bi	vd , apt J-6 Enter Florida:	Januar sadalana
	•	CHET (10PIZO)	MAKEY CITTA COL
	Cicurwater		Florida 33764

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each parson being added or removed from our records:

MGR= Manager AMBR= Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	GUSHCHIN, VLADIMIR N	6287 92ND PLACE N	
·		APT 2705	■ Remove
		PINELLAS PARK, FL 33782	☐ Change
MGRM	Gushchin, Nikolay	1230 GULF BLVD -# 905	
		CLEARWATER, FL 33767	■ Remove
			☐ Change
MURM	GUSHCHIN, ANATOLIY	2501 Ham Bivd , apt J-6	D Add
		CLEARWATER, FL 33764	🖸 Remove
			■ Change
			[7] Add
			☐ Remove
			☐ Change
			□ Add
			Веточе
			☐ Change
		**************************************	D Add
			☐ Remove
			Change

D,

D. If amending any other information	a, enter change(s) here: (Attach additional sheets, if nea	essary.)
***	Addition, Suit-	
		· · · · · · · · · · · · · · · · · · ·
		
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		FILED MI
		8 00 8 00 8 00
E. Effective date, if other than the di (if an effective date is listed, the date must b <u>Nate:</u> If the date inserted in this blood document's effective date on the Depa	does not meet the applicable statutory filing requirements, this	filing.\ Pursuant to 605.0207 (3)(b)
If the record specifies a delayed e (b) The 90th day after the record	ffective date, but not an effective time, at 12:01 a I is filed.	a.m. on the earlier of:
Dated August 18	2015	
Viadin	greature of a member or multiporteed representative of a member	
OUSHCHIN, VLADIMIR		

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Filing Fee: \$25.00