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NOV - 2 2011

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT:	STARK DEVELO	PMENT GROUP L.L.C.			
		ited Liability Company			
•					
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
•		·			
		Philip Filonenko	**************************************		
		Name of Person			
		Firm/Company			
	1850 S Ocean Dr unit 1208				
	Address				
	Hallandale, FL,33009				
	City/State and Zip Code				
	Philipfilonenko@gmail.com				
	E-mail address: (to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please of	all:			
	Philip	at (786) 92	25-0545		
Name o	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for the	he 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:

TO:

Registration Section

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

FILED

CTADIC	DEVELOPMENT GROUP	2011 NOV -	I PM 2: 52
OIACN L	Liability Company as it now appear	L.L.U. son our records:\use	OV AE CTAFE
(A	Liability Company as it now appears Florida Limited Liability Company)	DESTE M	SEE, FLORIDA
The Articles of Organization for this Limited Li	ability Company were filed on	10/19/2011	and assigned
Florida document numberL11000119			
This amendment is submitted to amend the follo	· owing:		
A. If amending name, enter the new name of	the limited liability company here	:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compar	y," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	BOX)		
•			
B. If amending the registered agent and/o	-	ur records, <u>enter t</u>	he name of the new
registered agent and/or the new registered of	fice address here:		
			•
Name of New Registered Agent:	Filonenko Philip		
New Registered Office Address:	1850 S Ocean Dr ,unit,1208		
-	Ente	er Florida street add	ress
	Hallandale	, Florida	33019
	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

<u>Title</u>	Name	Address	Type of Action
MGRM	Filonenko Philip	1850 S Ocean dr.unit 1208,hallandale	Add Remove
MGRM_	SHCHEKOTIKHIN, IVAN	1850 S Ocean Dr ,1208,Hallandale,Fl, 33009	Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s	here: (Attach additional sheets, if necessary.) SECRETARY OF STATE AHASSEE, FLORIDA	FILED 2011 NOV -1 PH 2: 52
Dated	10/26 <u>2011</u>	Filonems.	
		authorized representative of a member	
	Phi Typed or	lip Filonenko printed name of signee	

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Filing Fee: \$25.00