

L110000122714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

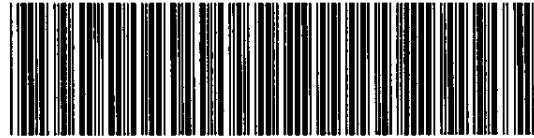
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 12 P 2:51
FEB 13 2014
BOSTON

B. BOSTICK
FEB 13 2014
EXA - INLR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mirina Shop LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Efimovich

Name of Person

Mirina Shop LLC

Firm/Company

7512 Dr. Phillips Blvd St. 50-231

Address

Orlando, Florida, 32819

City/State and Zip Code

mirina2shop@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Efimovich

Name of Person

407 704-9625

at ()
Area Code

Daytime 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 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**

Mirina Shop LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 27, 2011 and assigned
Florida document number L11000122714

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3030 N. Rocky Point Dr. Suite 150A
Tampa, FL, 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7512 Dr. Phillips Blvd Suite 50-231
Orlando, Florida, 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr. Suite 150A

Enter Florida street address

Tampa

Florida 33607

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 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

Dan Keen—President

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Iraida Caturova	4455 SW 34th St	<input type="checkbox"/> Add
		Gainesville, FL, 32608	<input checked="" type="checkbox"/> Remove
MGRM	Marina Masjutina	4455 SW 34th St	<input type="checkbox"/> Add
		Gainesville, FL, 32608	<input checked="" type="checkbox"/> Remove
MGR	Victor Efimovich	7512 Dr. Phillips Blvd	<input checked="" type="checkbox"/> Add
		Suite 50-231	<input type="checkbox"/> Remove
		Orlando, FL, 32819	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

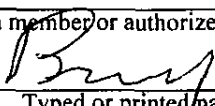
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 5, 2014

Victor Efimovich

Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 FEB 12 PM 2:51
U.S. DISTRICT COURT
NORTH DAKOTA
FARGO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2014

VICTOR EFIMOVICH
MIRINA SHOP LLC
7512 DR. PHILLIPS BLVD, SUITE 50-231
ORLANDO, FL 32819

SUBJECT: MIRINA SHOP LLC
Ref. Number: L11000122714

We have received your document for MIRINA SHOP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must type the complete/legal name of the individual(s) signing the document in each signature block.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00001493

2014 FEB 12 PM 2:51
FEB 12 2014