L12000010241

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SECRETARY OF STATE

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COVER LETTER

L	Registration Section Division of Corpor			
SUBJEC	Actus Syst			
		Name of Lin	nited Liability Company	
The enclo	osed Articles of Amo	endment and fee(s) are sub	emitted for filing.	
Please ret	turn all corresponde	nce concerning this matter	to the following:	
		Valentin Zhelyaskov		
			Name of Person	
		Actus Systems LLC		
			Firm/Company	
		4922 Oldham St.		
			Address	
	•	Sarasota, FL34238		
		ActusSystems.Info@gn	City/State and Zip Code nail.com	
	_	E-mail address: (to be used for future annual report noti	fication)
For furthe	er information conce	erning this matter, please c	all:	
Valentin	Zhelyaskov		_at (941)_914-3655	
Name of Person			e Telephone Number	
Enclosed	is a check for the fo	llowing amount:		
\$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Actus Systems, LLC

and assigned Florida document number L12 0000		
and assigned Fiorida document number L12 0000	10241	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here	:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	 	77
Enter new mailing address, if applicable:		(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered office address h		ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida s	treet address

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.

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Mariana Sendova	4922 Oldham St., Sarasota, FL34238	
		*	X Add

SECRETARIO PER INTE

like to add my wife Maria	na Sendova as equal	co-owner of Actu	s Systems LLC an	nd as a Manager	of the co
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				PR II: 08	CONTRACT.
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(If an ef	tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable stat	ling or more than 90 days after filing.) Pursuant to 605.0207
If the re	coument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective day after the record is filed.	ve time, at $12:01$ a.m. on the earlier of: (b)
Dated	V. Zhelyaskon	·
	Signature of a member or authorized representa	ative of a member
	Valentin Zhelyaskov Typed or printed name of signs	

Page 3 of 3 Filing Fee: \$25.00

SECHETARY OF STATE