

L120000051109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600273294026

06/19/15--01031--003 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 20 PM 12:27
TALLAHASSEE, FLORIDA

JUN 22 2015

S MASON

MARK CITRIN, P.A. :
11900 Biscayne Blvd., Suite 506
Miami, Florida 33181
305-899-9919; 899-1077; 407-306-9090

Date: Jun 12, 2015

Name: Florida Department of State/Division of Corporations
Address: P.O. Box 6327
: Tallahassee : Fl zip: 32314

Dear: Sir/Madam ;

Please take immediate notice of the following:

- ☐ : Enclosed is a Motion/Brief/Memorandum of Law. Kindly receipt stamp the enclosed copy and return same in the enclosed self-addressed stamped envelope.
- ☐ : Enclosed is a Notice of Appearance as Attorney in the referenced case on the Form EOIR 27 or 28. Kindly receipt stamp the enclosed copy and return same in the enclosed self-addressed stamped envelope.
- ☐ : Enclosed is a Change of Address form in the referenced case. Kindly receipt stamp the enclosed copy and return same in the enclosed self-addressed stamped envelope.
- ☐ : Enclosed are the documents requested in the "Request for Evidence" dated: and due to be filed on or before:
- ☒ :X Other: RE: RED VELVET DELIGHTS LLC
: Enclosed please find articles of amendment and check in
: sum of \$55.00 for cover costs.

Thank you for your thoughtful attention.

Sincerely,
MARK CITRIN, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 20 PM 12:27
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RED VELVET DELIGHTS 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:

SERGEY ZAVYALOV

Name of Person

Firm/Company

17800 ATLANTIC BOULEVARD, SUITE 502

Address

SUNNY ISLES BEACH, FLORIDA 33160

City/State and Zip Code

zsvpark@gmail.com

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

For further information concerning this matter, please call:

MARK CITRIN, ESQ.

305 899-9919
at ()

Name of Person

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

FILED
JUN 20 PM 12:27
15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RED VELVET DELIGHTS 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 APRIL 16, 2012 and assigned
Florida document number L12000051109

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17800 ATLANTIC BOULEVARD

SUITE 502

SUNNY ISLES BEACH, FLORIDA 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17800 ATLANTIC BOULEVARD

SUITE 502

SUNNY ISLES BEACH, FLORIDA 33160

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:

MARK CITRIN, ESQ.

New Registered Office Address:

11900 BISCAYNE BOULEVARD, SUITE 506

Enter Florida street address

MIAMI

Florida 33181

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANIEL J. PUEYO	336 OAK STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SERGEY ZAVYALOV	17800 ATLANTIC BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 502	<input type="checkbox"/> Remove
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change
AMBR	FLORIDA MEGA, INC.	17800 ATLANTIC BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 502	<input type="checkbox"/> Remove
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 JUN 20 PM 12:27
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/03/2015, _____

Signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 20 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA