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SECRETARY OF STATE

K. SALY EXAMINER JUL 2 4 2013

## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns		
SUBJE	CT:	Andras Name of Limit	Shko LLC ed Liability Company	
The enc	losed Articles of Amendi	ment and fee(s) are subi	mitted for filing.	
Please re	eturn all correspondence	concerning this matter t	to the following:	
			iy Andrashko Name of Person	
		And	rashko LLC Fim/Company	
			entura St. Address	and the state of t
		Non	The Part 34287 City/State and Zip Code	
		Un locke E-mail address: (to	eddown 07 @ Yah	oo.com
For furth	ner information concernir	ng this matter, please ca	11:	
And	Atoliy Andro Name of Person	shko	at (941 ) 525 - 29 Area Code & Daytime To	17-2 elephone Number
Enclosed	l is a check for the follow	ving amount:		
\$25.0	00 Filing Fee □\$30	0.00 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

13 JUL 23 PM 3: 34 SECRETARY OF STATE

Andrashko	LLC	عدل IALL	RETAIRY OF STATE AHASSEE, FLORIDA
(Name of the Limited Lia (A Flo	bility Company as it now ap rida Limited Liability Compan	pears on our records.) 1y)	LE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document number \( \frac{\pm 12000311}{\pm 12000311} \)	ity Company were filed on	4/17/2012	and assigned
This amendment is submitted to amend the following	1 <b>g</b> :		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Co	mpany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable	à:		
(Principal office address MUST BE A STREET A	DDRESS)		
	<del></del>	TP-Maria Section 1 Section 1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address o address here:	on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	<del></del>	Enter Florida street addr	ess
_		, Florida	
•	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

. . . . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mikhail Andrashka	5t8 Ventura St.	(Add
		North Port FL 34287	Remove
APRIMATION			Add
			Remove
<del></del>			Add
			Remove
			<del></del>
			Add
			Remove
			Add
			Remove
No. decide de la constanta de			Add
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
ated	
	Yowy (malvashler Signature of a member or authorized representative of a member
	•
	Anatoliy Andrashko Typed or printed name of signee
	/ Typed or printed name of signee

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Filing Fee: \$25.00