

L120000054928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

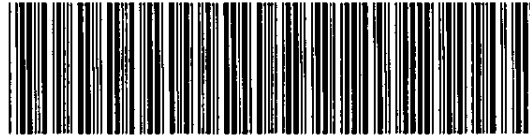
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KARLIN 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:

SHULGIN, NIKOLAY

Name of Person

SHULGIN MANAGEMENT LLC

Firm/Company

7985 112TH STREET, UNIT 212

Address

SEMINOLE, FL 33772

City/State and Zip Code

investor1969@hotmail.com

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

For further information concerning this matter, please call:

SHULGIN, NIKOLAY

Name of Person

at () **727 686-1481**

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

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CLERK OF COURT

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

KARLIN 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 04/24/2012 and assigned
Florida document number L12000054928

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: STEVE W. MOORE

New Registered Office Address: 8240 118TH AVE N # 300

Enter Florida street address

LARGO

City

Florida 33773

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MONEY TREE USA LLC	7985 112TH STREET, UNIT 212 SEMINOLE, FL 33772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHULGIN MANAGEMENT LLC	7985 112TH STREET, UNIT 212 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	INKIN, Nikolay	7162 Conch Blvd. Seminole, FL 33777	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KARLIN, Dmitriy	6296 113 th Street Seminole, FL 33772	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA
CLERK OF THE COURT
CLERK OF THE COURT

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

Dated AUGUST 19, 2013

Signature of a member or authorized representative of a member
SHULGIN, NIKOLAY, MGR M

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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NORTH DAKOTA
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