## L12000070945

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DIVISION OF CORPORATIONS

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## COVER LETTER TO: **Registration Section Division of Corporations** AISKO, LLC SUBJECT: 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: ANATOLIY DISKOVETS Name of Person AISKO, LLC Firm/Company 10865 CREEKVIEW DRIVE Address JACKSONVILLE, FL 32225 City/State and Zip Code ITACLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ANATOLIY DISKOVETS** Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee **\$30.00** Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 JUN 22 PH 12: 26

	AISKO, L	LC	•		
(Name	of the Limited Liability Company a (A Florida Limited Liabi	s it now appears lity Company)	on our records.)		
The Articles of Organization for t	his Limited Liability Company wer	re filed on	05/25/2012	and assigned	
Florida document number	L12000070945				
This amendment is submitted to a	mend the following:				
A. If amending name, enter the	new name of the limited liability	company here:			
	ADISKO, LL	.C			
The new name must be distinguishal "L.L.C."	ole and end with the words "Limited l	Liability Company	"," the designation "L	LC" or the abbreviation	
Enter new principal offices add	ress, if applicable:				
(Principal office address MUST	BE A STREET ADDRESS)	<u> </u>	<del>.</del>		
	_				
Enter new mailing address, if ap	onlicable:				
(Mailing address MAY BE A PO	-				
B. If amending the registered registered agent and/or the new	agent and/or registered office registered office address here:	address on our	r records, <u>enter tl</u>	ne name of the new	
Name of New Registered	d Agent:				
New Registered Office A	Address:	<u>.</u> .			
		Enter Florida street address			
	<del></del>		, Florida		
	Ci	ity		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = N$	nager 1anaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		Add Remove
			Add Remove 
	<del></del>		Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STALLOWS BIVISION OF COMPORATIONS 12 JUN 22 PM 12: 26
Dated	JUNE 15 , 20	12 Dishonels	
	•	or authorized representative of a member	
		OLIY DISKOVETS	

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Filing Fee: \$25.00