

L12000075450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Loredos 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:

Alena Hushchyna

Name of Person

Loredos LLC

Firm/Company

7840 Atlantic BLVD

Address

Jacksonville, FL 32211

City/State and Zip Code

loredosllc@gmail.com

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

For further information concerning this matter, please call:

Yuriy

Name of Person

at (**904**)

Area Code

312-0618

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

LOREDOS LLC
7840 Atlantic Blvd
Jacksonville, FL 32211
Tel. (904) 955-1526
e-mail: loredosllc@gmail.com

Dear Sir / Ma'am!

Due to a matter of opening a dealer licence in Duval county can you resolve the changes asap. Thank you so much!

Sincerely,

Alena Hushchyna



[Handwritten signature]

02/18/2014

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

Loredos 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 06/06/2012 and assigned Florida document number L12000075450.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

None

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)

None

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

None

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TALLAHASSEE, FLORIDA

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:

None

New Registered Office Address:

None

Enter Florida street address

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Need to chage names:

from Hushchyna, Alena to Hushchyna, Alena V.

from Hushchyn, Dzmitry to Hushchyn Dzmitry P.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.



Signature of a member or authorized representative of a member

Alena Hushchyna

Typed or printed name of signee

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TALLAHASSEE, FLORIDA