

U200082771

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2012 AUG -3 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ISLA DORADA LLC**

Certificate of Status	0
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T. CLINE

AUG - 6 2012

EXAMINER

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12 AUG -3 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ISLA DORADA 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 06/22/2012 and assigned  
Florida document number L12000082771

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)

C/O INTERNATIONAL BUSINESS  
CONSULTANTS LLC  
2816 E. ROBINSON STREET  
ORLANDO, FL 32803

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:

(NAME STAY THE SAME)

New Registered Office Address: ☒

C/O INTERNATIONAL BUSINESS CONSULTANTS LLC  
2816 E. ROBINSON STREET

Enter Florida street address

ORLANDO

City

Florida 32803

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

Title	Name	Address	Type of Action
MGRM	SHIROKIH, SERGEY	146 ISLA DORADA BLVD. CORAL GABLES FL 33143 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SHIROKIH, SERGEY	146 ISLA DORADA BLVD. CORAL GABLES FL 33143 US	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 26th, 2012

*[Signature]*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
SERGEY SHIROKIH  
\_\_\_\_\_  
Typed or printed name of signer

2012 JUNE - 3 1 09 10  
STATE  
TALLAHASSEE, FLORIDA

FILED