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EXAMINER



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08/16/12--01010--001 **30.00

COVER LETTER

TO: Registration Section Division of Corporati	ons		
SUBJECT:	Name of Limit	OLA LLC ted Liability Company	
			12 R
The enclosed Articles of Amend	Iment and fee(s) are sub	mitted for filing.	S XII
Please return all correspondence	e concerning this matter	to the following:	SECRETARY OF SATION VISION OF CORPORATION 23
	IVAN KOZI	Name of Person	. 27
		Name of Person	ن
	IVAN AND /		
		Firm/Company	
<u>18</u>	85 SW 744	Street . Unit #) Address	14//
	MIAMI, F	City/State and Zip Code	.
	ivan. Kozuk	o be used for future annual report notificat	rion)
For further information concern	·	•	
Name of Person	TSYA n	at (780) Area Code & Daytime T	337 -2793 elephone Number
Enclosed is a check for the follo	owing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/VAN AND M	YKOLA LLC	c <u>)</u>
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability	1 - 1	建 经销
Florida document number <u>L 12000100006</u>		- 5 3 G
		7
This amendment is submitted to amend the following	g:	2
A. If amending name, enter the new name of the	limited liability company here:	,
,		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		·
D If any alian also are interest and any alian are		on the name of the new
B. If amending the registered agent and/or re registered agent and/or the new registered office a		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	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 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 **Type of Action Address Title** <u>Name</u> ☐ Add Remove ☐ Add Remove M6R OLEKSANDR KOZUPYTSYA 🔀 Add ☐ Remove ∏ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 08th August, 2012 Signature of a member or authorized representative of a member KozupyTSyA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00