L120000006

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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT

Ivan and Mykola

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:

Ivan Kozupytsya

Name of Person

Ivan and Mykola LLC

Firm/Company

185 SW 7th Street, Unit # 1411

Address

Miami, FL 33130

City/State and Zip Code

ivankozupitsa@gmail.com

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

For further information concerning this matter, please call:

Ivan Kozupytsya

__786<u>\</u>33**7-279**3

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	ty Company as it now appears on our records	1
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Florida document number L1200010006	Company were filed on 08/03/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	E E E E
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designati	ion "Libe" to the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	SIX W
		€
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		ter the name of the new
registered agent and/or the new registered office ad	ldress here:	
SV - D - 14 - 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	
	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 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> .	Name	Address	Type of Action
MZZ	⊟leksandr Kozupyts y a	2300 S Cypress Pend	r Add
		□pt □202, □ampano □eac	h Remove
,	, ,	FL 33069	
— Мі/ЭМ -	Marcela ⊟eevedo	185 SW 7th Street	Add
		Unit 3 1411 Miami	Remove
		FL 33130	
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		ASS	Remove
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MGRM	Marcela Acevedo	185 SW 7+4 Street	Add
		Unit# 1411 Miami	Remove
		F1. 33130	
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f amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
May 25th	, 2013
	ho3yy
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00