## L12000113402

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SECRETARY OF STATE



## **COVER LETTER**

TO: Registratio Division of	n Section Corporations			
Venu	s Sat-TV LLC			
SUBJECT:	Name of Limited	Liability Company		
The enclosed Article	s of Amendment and fee(s) are submit	ted for filing.		
	espondence concerning this matter to t	-		
	Azamat A. Ayupov			
	•	Name of Person		<del></del>
•	NEFLEX Trucking LLC	;		
		Firm/Company		<del></del>
	6 Waves PI			
		Address	·	<del></del>
	Palm Coast, FL 32164			
		City/State and Zip Cod	<del> </del>	<del> </del>
	nargiza7@hotmail.com  E-mail address: (to b	e used for future annu-	al report notification)	<del> </del>
For further informati	on concerning this matter, please call:		•	
Azamat A.Ayup	ov	386 2	237-2268	
Na	me of Person	Area Code	Daytime Teleph	one Number
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: gistration Section		ET/COURIER AD ation Section	DRESS:
Div	vision of Corporations D. Box 6327	Divisio	n of Corporations Building	

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venus Sat-TV LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L12000113402	ility Company 	were filed on 09/05/2012	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
NEFLEX Trucking LLC			
The new name must be distinguishable and end with the wor	ds "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	Same principal offices ( 6 Wa	aves pļ,
(Principal office address MUST BE A STREET)		Palm Coast, FL 32164	15 SEC
	•		
Enter new mailing address, if applicable:	٠	same as above	27 PM
(Mailing address MAY BE A POST OFFICE BO	OX)		CO CO PROPERTY
	<del></del>		RID AIX
B. If amending the registered agent and/or registered agent and/or the new registered offic			er the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		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 **Type of Action** Title Title <u>Name</u> Address MGR Akhdiyar A. Ayupov 6 Waves Pl ■ Add Palm Coast, FL 32164 \_□ Remove □ Add \_□ Remove \_□ Remove \_□ Add \_□ Remove \_□ Add \_\_\_\_\_ Remove

<del></del>	
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the date this document is filed by the Florida Department   02/23/2015	or to date of receipt or filed date and cannot be more than 90 days after partment of State)

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Filing Fee: \$25.00