L13000016264

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SECRETARY OF STATE

MAR 11 2013 T. HAMPTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Murk	a Holdings, LL	.C	
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Polina Roma	anov	
		Name of Person	
	Murka Holdi	ngs, LLC	
	1 200	Firm/Company	
	812 W Halla	ndale Beach Blv	r d
		Address	· · · · · · · · · · · · · · · · · · ·
	Hallandale,	FL 33009	
	-	City/State and Zip Code	
	murkaholdings@	gmail.com to be used for future annual report notif	instinu)
For further information	concerning this matter, please concerning this matter, please concerning this matter.	•	ication)
Polina Ron	nanov	_{at} 954 367-64	421
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

Murka Holdings, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000016264</u> .	oany were filed on 01/31/2013	and assigned
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	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		255 314 V
		ZOIL HAR SEGRETAHAR
Enter new mailing address, if applicable:		SS TO
(Mailing address MAY BE A POST OFFICE BOX)		FO P
		- スペー <u>ー</u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>en</u> <u>here</u> :	ter 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 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>	Name	Address	Type of Action
MGR	Aleksander Romanov	812 W Hallandale Beach Blvd	 _□ Add
		Hallandale, FL 33009	_■ Remove
			_□ Remove
			□ Add
			_□ Remove
		TALLAF	BAdd 正 正 正 正 正 正 可 emove
		ASSEE, FLOR	LED
		Dir.	☐ Add Remove
			- _□ Add
			□ Remove

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated March 07	2014
	ember or authorized representative of a member
Polina Romanov	ember or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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