

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	1 Enteres	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	IREAR	Sizold Name of Person	
	<u>C1</u>	Ender Prises, C	LC
	6140	Midnight Pas Address	38 Rd, C1
	29893	50/2 FL 3421	42
	S180+2 E-mail address: (City/State and Zip Code Lice Wall. Color to be used for future annual report notificat	ion)
For further information con	ncerning this matter, please ca	all:	
TREAL Name of I	SIRO13	at (847) 630 - Area Code Daytime Te	-USUS (1) Ilephone 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 Company as it no	ow appears on our records.)	
The Articles of Organization for this Limited Lia	24966	1 1	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica		ity Company," the designation	1 "LLC" or the abbreviation
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		77
	***		<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office add ice address here:	ress on our records, <u>ente</u>	ω_1
Name of New Registered Agent:	Gennady	Sisab	
New Registered Office Address:	6140 Nie	I such their	27 CJ
	Sassays	Enter Florida street a	~
	City	, r iorida _	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 Begistered 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:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
NGR	Genrady Siesola	3667 DEK Ave	Add
	U	NORTHBROOK, IL 60062	Remove
MES	Stariz enest	3667 Dak Ave	Add
		NOETHBROOK, IL 6006	≥ Remove
			Add
		<u> </u>	Remove
			- 65 Add
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			AddRemove

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vive date, if other than the date of filing: (optional) contive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
January 14th, 2014
Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00