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## **COVER LETTER**

TO; **Registration Section** 

**Division of Corporations** 

PH 704 One Thousand, LLC

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:

Ross P. Beckerman

Name of Person

Tim A. Shane P.A.

Firm/Company

4400 N. Federal Highway, Ste 307

Address

Boca Raton, Florida 33431

City/State and Zip Code

ross@timashane.com

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

For further information concerning this matter, please call:

Ross P. Beckerman

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

(Nome of the Limited Liebility Commons	it assures as a sure records.
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000040370</u> .	ere filed on March 18, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	24
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	OCT 21 PH
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	. Florida
	, FIOFIGE

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address <u>1</u>	ype of Action
MGR	Genadii Butkevych	4800 N. Federal Highway	Add
		Suite 104 A	Remove
		Boca Raton, FI 33431	_
MGR	Valentyna Butkevych	4800 N. Federal Highway	✓ Add
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-		Boca Raton, FI 33431	_
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			Remove
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			on, enter change(s) here: <i>(Att</i> y amended:	tach additional sheets, if necessary.)			
	The C	The Company is Manager managed					
		<b></b>					
Dated _	August		2013				
				Sam			
	Genad	Signa dii Butkevy	iture of a member or authorized ro	epresentative of a member			

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

