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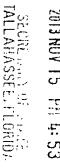
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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B. BOSTICK NOV 18 2013 **EXAMINER**

COVER LETTER

Division of Corporations	, n.*
SUBJECT: MADE 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:	
Oleksandr Maslak	-
Oleksandr Maslak Name of Person Madec LLC	_
Firm/Company	
392/ Oriole Str.	
Address	_
Panama C.ty Beach, FL32.	408
City/State and Zip Code	
Malek-ua @ yahoo.com E-mail address: (to be used for future annual report notification)	
	7
For further information concerning this matter, please call:	置
Vleksandr Maslak a1.859238-0499	ALLAHABSI
Name of Person Area Code & Daytime Telephone Number	5 PH 4:5
Enclosed is a check for the following amount:	ORI
(additional copy is enclosed) Certific	ling Fee, ate of Status &

MAILING ADDRESS:

Registration Section

TO:

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

Madec LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea	irs on our record	<u>ls.</u>)
		, /	
The Articles of Organization for this Limited Liability Comp	pany were filed on	3/19/20.	13 and assigned
Florida document number <u>L 130000 412 05</u>	7	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited		ere:	
\sim	A		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	eany," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>(S)</u>	N/A	
			2
			E E
Enter new mailing address, if applicable:		/	55. 5
(Mailing address MAY BE A POST OFFICE BOX)		NA	70 TO
			ORAL U
B. If amending the registered agent and/or registered		our records, e	nter the name of the nev
registered agent and/or the new registered office address	s here:		
Name of New Registered Agent:	N	A	
New Registered Office Address:			
-	E	nter Florida stre	et address
		, Flori	
	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 Changing Registered Agent, Signature of New Registered Agent

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	Type of Action
M <u>ERM</u>	Khusniddin Ibrag	Address Rimov 14806 Front Beach Lot # 40 Panama City Be FL, 32413	Add Add
		FL, 32413	Remove
M <u>GRM</u>	Roman Zhykov	8201 Sunset Ave AP+#, Danama Gty Beach, FL 32407	A NAdd
	/	32407	Remove
			Add
			Remove
			Add
		AHASSEE.	Add Remove
**************************************		() () () ()	Add
			Remove
			Add
			Remove

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er 12+4	, 20	13,			
	May	h	-		
Oleksa	of a member	r or authoriz	ed representa	tive of a mem	iber
		Signature of a member	Man	Mark	Signature of a member or authorized representative of a mem

Page 3 of 3

Filing Fee: \$25.00

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