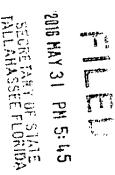
# 1300047509

Office Use Only



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## **COVER LETTER**

	ision of Corp			
SUBJECT:	Aldarfix LL	c		
SUBJECT:		Name of Limi	ted Liability Company	<u></u>
The enclosed	Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Alexey Vinogradov		
			Name of Person	
		Aldarfix LLC		
			Firm/Company	
		6919 Cambridge Place		
		<del></del>	Address	
		Fort Myers, Florida 33919		
			City/State and Zip Code	
		alexvgrad@gmail.com		
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	11:	
Alexey Vinc	gradov		239 940-1818 at ()	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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

Aldarfix LLC		OBA STATE
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our id da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L13000047509	Company were filed on	ecords.) and assigned by
This amendment is submitted to amend the following:		A STATE OF THE STA
A. If amending name, enter the new name of the lin	nited liability company here:	,
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, <u>enter the name of the ne</u>
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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR'= Mahager AMBR = Authorized Member

<b>Title</b>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGRM	Alexey Vinogradov	6919 Cambridge Place	
		Fort Myers, FL 33919	Remove
			Change
MGRM	Andrew Hawrych	1205 Piper Boulevard Suite 204	
		Naples, FL 34110	Remove
			☐ Change
			Add
			Remove
			Change
	÷		Remove
			Remove 5
			Add
			□ Remove
•			☐ Change

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ective date, if other than the effective date is listed, the date mi	e date of filing: _		660	(optional)	) }	60.5 Oc
te: If the date inserted in this b	block does not meet	the applicable s	of filing or more the tatutory filing requ	in 90 days after filing tirements, this date	will not be:	605.02 listed
cument's effective date on the I	Department of State	's records.				
record specifies a delaye	ed effective date	e, hut not an	effective time	at 12:01 a m	The he	rlier
he 90th day after the re	cord is filed.	, but not un	circolivo timo,	at 12.01 a.m.	HAT	 :
, May 26	2	016			<b>深深</b> (4)	
ied		·			<b>第二</b>	- ( -
<i>→</i> \						S.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00