L17000054082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: ___Armeni Construction 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:

___Yervand Grigoryan___
Name of Person

___Armeni Construction LLC___
Firm/Company

___9902 S. THOMAS dr. apt 1630___
Address

___Panama City Beach, Fl 32408___
City/State and Zip Code

___ervand @ yahoo. com___
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

___Yervand Grigoryan___ at (_850_) _628- 6073___
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARMENi Construction llC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _April /12/2013_ and assigned
Florida document number _L 13000054082_.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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**

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>

AMBR   *Artashes Israyelyon* / *130 white cap way*   ☑ Add

Panama City Beach   ☐ Remove

Fl 32407

_____   ☐ Add

_____   ☐ Remove

_____   ☐ Add

_____   ☐ Remove

_____   ☐ Add

_____   ☐ Remove

_____   ☐ Add

_____   ☐ Remove

_____   ☐ Add

_____   ☐ Remove
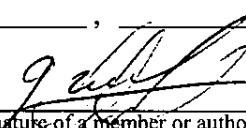
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _10/14/2014_ , _____.

_____
Signature of a member or authorized representative of a member

YERVAND GRIGORYAN
Typed or printed name of signee

Vepkhiva Chargeishvili

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Filing Fee: $25.00