

L13000058266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

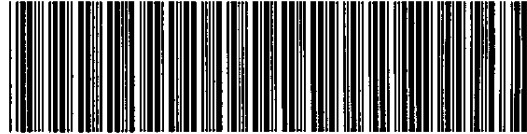
(Document Number)

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Amend

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13 DEC -9 PM 1:57

CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 13 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **OBK PROJECT 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:

**ILANA ARTZY**

Name of Person

**LAW OFFICE OF ILANA KALICHMAN-ARTZY, PA**

Firm/Company

**19390 COLLINS AVE, SUITE C**

Address

**SUNNY ISLSE, FL 33160**

City/State and Zip Code

**IARTZY@IKALAW.COM**

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

For further information concerning this matter, please call:

**ILANA ARTZY**

Name of Person

at ( **305 733-0933** )

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**

**OBK PROJECT 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 4/22/2013

Florida document number L13000058266

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TALLAHASSEE, FLORIDA

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 "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

16001 COLLINS AVE, UNIT 906

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

16001 COLLINS AVE, UNIT 906

SUNNY ISLES, FL 33160

**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:**

IRINA ELYUTINA

**New Registered Office Address:**

16001 COLLINS AVE, UNIT 906

*Enter Florida street address*

SUNNY ISLES

Florida 33160

*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.*

*\* [Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EUGENE ALEKSEYCHENKO	1800 S OCEAN DR. , UNIT 3108	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
MGR	IRINA ELYUTINA	16001 COLLINS AVE, UNIT 906	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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FILE

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

**EUGENE ALEKSEYCHENKO- MEMBER ONLY**

Dated **NOVEMBER**

**2013**

\*

Signature of a member or authorized representative of a member

**OLEG ELYUTIN-MANAGING MEMBER**

Typed or printed name of signee

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