

L17000059291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

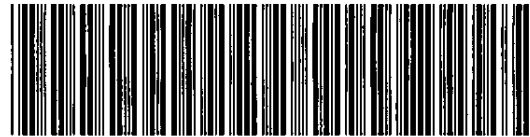
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GOLD MILE 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:

OLGA HMELEVA

Name of Person

Firm/Company

16508 NE 27TH AVENUE

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

OLGAHMELEVA@HOTMAIL.COM

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

For further information concerning this matter, please call:

OLGA HMELEVA

Name of Person

at **786 877-8934**

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

GOLD MILE LLC

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------|--|
| MGRM | NATALIA ILIINA | 16508 NE 27TH AVE | <input checked="" type="checkbox"/> Add |
| | | NORTH MIAMI BEACH | <input type="checkbox"/> Remove |
| | | FLORIDA 33160 | |
| MGRM | ARTUR SERDYUKOV | 16508 NE 27TH AVE | <input type="checkbox"/> Add |
| | | NORTH MIAMI BEACH | <input checked="" type="checkbox"/> Remove |
| | | FLORIDA 33160 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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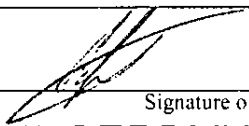
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MILWAUKEE, WISCONSIN
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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 **JUNE 10**, **2014**



Signature of a member or authorized representative of a member

ARTUR SERDYUKOV

Typed or printed name of signee

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Filing Fee: \$25.00

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