# L17000059291

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(Ad	dress)	
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### **COVER LETTER**

TO: Registration Section > Division of Corporations

SUBJECT: GOLD MILE LLO

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**

786 877-8934

Name of Person

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

GOLD MILE LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L13000059291	were filed on 04/23/13	and assig	med
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		r the name o	f the nev
New Registered Office Address:	Enter Florida street address	3 7 7 1	<u>.</u>
	, Florida	Zip Code <sub>D</sub>	*
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 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

<u>Title</u>	<u>Name</u>	Address Type of	of Action
MGRM	NATALIA ILIINA	16508 NE 27TH AVE	ld
		NORTH MIAMI BEACH Re	move
		FLORIDA 33160	
MGRM	ARTUR SERDYUKOV	16508 NE 27TH AVE	ld
		NORTH MIAMI BEACH	move
		FLORIDA 33160	
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	(optional) ot be more than 90 days after
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)  Dated JUNE 10	(optional) ot be more than 90 days after
the date this document is filed by the Florida Department of State)	

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Filing Fee: \$25.00