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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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N. Outligen SEP - 4 2013

COVER LETTER

Division of Cor	porations		
SUBJECT: USM	OM2BE, L.L.C	,	
SUBJECT.		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dmitri	iy Lukyanenko	
		Name of Person	
		Firm/Company	
	1001 N Fede	eral Hwy, Ste 357	
	1001111000	Address	
	Hallandale F		
		City/State and Zip Code	
	usmom2be@gma	ail.com	
	E-mail address: (to	o be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	all:	
Name o	of Person	at () Area Code & Daytime To	elephone Number
Enclosed is a check for t	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)

TO:

Registration Section

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

FILED

ARTICLES OF ORGANIZATION 2013 SEP -3 PM 3: 03 **OF**

	TALLAHASSELLA	(IDA)
USMOM2BE, L.L.	C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Billinea E	Stability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/10/2013 and	assigned
Florida document number L13000069300		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the	ne abbreviation
Enter new principal offices address, if applicable:	1001 N Federal Hwy, Ste 357	
(Principal office address MUST BE A STREET ADDRESS)	Hallandale FL 33009	
Enter new mailing address, if applicable:	1001 N Federal Hwy, Ste 357	
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale FL 33009	
B. If amending the registered agent and/or registered of		e of the new
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	_
	City Zip C	'ode

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.

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>	Address	Type of Action
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove

D. If a	mending any othe	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	. •	
• `		
	···	
		0040
Dated 4	August 26	
	•	
		Signature of a member or authorized representative of a member
		DMITRIY LYKYANENKO
		Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00