# L130000 80654

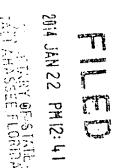
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

# DENRAY INVESTMENTS, LLC

**SUBJECT** 

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:

## LARISA PLODOVSKY

Name of Person

# APD DEVELOPERS, INC

Firm/Company

6495 SHILOH ROAD, STE 400

Address

### **ALPHARETTA GA 30005**

City/State and Zip Code

#### LARISAP@APDDEVELOPERS.COM

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

For further information concerning this matter, please call:

## LARISA PLODOVSKY

Name of Person

<sub>31/</sub>770\8513384

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

DENRAY INVESTMENTS, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L13000080654	any were filed on June 4, 2013	and assigned
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	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	5)	
		No parameter
		SEE P
Enter new mailing address, if applicable:		TIC TO THE RESERVE TO
Mailing address MAY BE A POST OFFICE BOX)		STATE STATE
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the nev
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

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 **Type of Action** <u>Title</u> **Name** <u>Address</u> 530 Phillip Drive **MGRM** Alexander Fomichev ■ Add Boca Ranton FL 33432 **United States** ☐ Add □ Remove ☐ Remove ☐ Remove ----□ Remove □ Add ☐ Remove

•
Effective date, if other than the date of filing: September 17, 2013 (optional)
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 January 21 2014
Signature of a member or authorized representative of a member
Larisa Plodovsky

Page 3 of 3

Filing Fee: \$25.00

