L13000089159

(Re	questor's Name)	<u> </u>	
(Address)			
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(City/State/Zip/Phone #)			
		MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: **Registration Section Division of Corporations**

Miaisle LLC SUBJECT: imited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Oleg</u> <u>URYANSKiy</u> Name of Person <u>Miaisle</u> <u>LIC</u> Firm/Company

2035 NE 151 St Starest

North Miami Beach FL 33162 City/State and Zip Code

UlAdimir @ monsnbabes. con E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URYANSICIY at (305) 450 0396 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) **D8**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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2013

OLEG URYANSKIY 2035 NE 151 ST STREET NORTH MIAMI BEACH, FL 33162

SUBJECT: MIAISLE, LLC Ref. Number: L13000089159

We have received your document for MIAISLE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 613A00026405

www.sunbiz.org

ARTICLES OF A	MENIDMENT	
TO		
ARTICLES OF OF		
ARTICLES OF OF OF		
OF		
Miaisle 2/0		<u>}</u>
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records. ability Company)	2)
The Articles of Organization for this Limited Liability Company v Florida document number $2/3000084159$	were filed on <u>06/20/1</u>	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>≽∷ 13</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ice address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	
	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

•If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> 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** م Add F: Remove m \Box P CIRIDA Heksande Add Remove MG <u>Oleksandr</u> Blekherov 4779 Collins Ave Apt 3807 Miami Beach Remove FL. 33140 Add Remove Add Remove Add Remove

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

 $\mathbf{\overline{v}}$ Dated 07 Novenber 2013 Signature of a member or authorized representative of a member leg sy 2 nsl<iy Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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