

L13000113639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

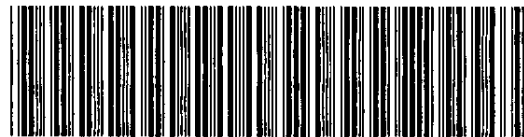
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2013

J. BRYAN

COVER LETTER

: **Registration Section**
Division of Corporations

BJECT: BUDSVIT LLC

Name of Limited Liability Company

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

ase return all correspondence concerning this matter to the following:

PAVLO CHUPRYNA

Name of Person

BUDSVIT LLC

Firm/Company

1226 HOLLYWOOD BLVD

Address

HOLLYWOOD FL 33019

City/State and Zip Code

CHUPRYNA@UA.COM

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

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TALLAHASSEE, FLORIDA

or further information concerning this matter, please call:

PAVLO CHUPRYNA

Name of Person

at **646 717-7819**

Area Code & Daytime Telephone Number

nclosed 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**

BUDSVIT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/12/2013 and assigned
Florida document number L13000113639.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
".L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

**If amending the registered agent and/or registered office address on our records, enter 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 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 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

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FLORIDA

mending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

MR = Manager

MRM = Managing Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M GRM	MARK KERSHTEYN	5882 MITCHELL RD.	<input type="checkbox"/> Add
		ATLANTA, GA 30328	<input checked="" type="checkbox"/> Remove
M GRM	IGOR DUBINSKIY	4001 S OCEAN DR, APT. 8P	<input type="checkbox"/> Add
		HOLLYWOOD BEACH, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

ted August 13, 2013.



Signature of a member or authorized representative of a member

PAVLO CHUPRYNA

Typed or printed name of signee

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Filing Fee: \$25.00

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