

L3000114476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

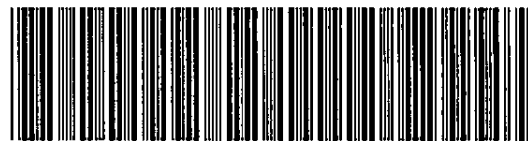
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUDSWIT LLC

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:

IGOR DUBINSKIY

Name of Person

BUDSWIT LLC

Firm/Company

1920 E HALLANDALE BEACH BLVD SUITE PH10

Address

HALLANDALE, FL 33009

City/State and Zip Code

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

For further information concerning this matter, please call:

IGOR DUBINSKIY

786 4400644
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

BUDSWIT 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 08/13/2013 and assigned
Florida document number L13000114476.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1920 E HALLANDALE BEACH BLVD SUITE PH10

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE, FL 33009

Enter new mailing address, if applicable:

1920 E HALLANDALE BEACH BLVD SUITE PH10

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE, FL 33009

B. 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:

IGOR DUBINSKIY

New Registered Office Address:

1920 E HALLANDALE BEACH BLVD SUITE PH10

Enter Florida street address

HALLANDALE

City

Florida

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OLEG KHRIAKOV	1920 HALLANDALE BEACH BL	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH FL 3300	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARK KERSHTEYN	5882 MITCHELL RD	<input checked="" type="checkbox"/> Add
		ATLANTA GA 30328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	IGOR DUBINSKIY	4001 S OCEAN DR APT 8 P	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KONSTIANTYN SIGALOV	1920 HALLANDALE BEACH BL	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 3300	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 DEC 21 10:09 AM
 CLERK OF SUPERIOR COURT
 TALLAHASSEE, FLORIDA

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

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SECRETARY OF S
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 DEC 21 A 9:23

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 14, 2016

[Signature]

Signature of a member or authorized representative of a member

KONSTIANTYN SIGALOV

Typed or printed name of signee