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## **COVER LETTER**

TO: Registration Sec Division of Corp						
	PMENT, L.L.C.					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	SERGEY SLASTIKHIN					
		Name of Person				
	ES DEVELOPMENT, L.L.C.					
	•	Firm/Company				
17070 COLLINS AVE., STE 260						
Address						
SUNNY ISLES BEACH, FL 33160						
City/State and Zip Code						
SALATSV@GMAIL.COM						
		o be used for future annual report notific	ation)			
For further information con	ncerning this matter, please ca	all:				
SERGEY SLASTIKHIN		786 202-7766 at ()				
Name of	Person	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

ES DEVELOPMENT, L.L.C.		
(Name of the Limit	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Li Florida document number <u>L13000117203</u>	ability Company were filed on $\frac{08/20/20}{20}$ .	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w		tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	<u>-                                    </u>	
(Principal office address MUST BE A STREE	T TIBURESS)	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE	<u></u>	
		AA:: <b>76</b>
		AR A
B. If amending the registered agent and/ registered agent and/or the new registered of	0	records, enter the name of the new
registered agent and/or the new registered of	nce address here.	
Name of New Registered Agent:	SERGEY SLASTIKHIN	
New Registered Office Address:	17070 COLLINS AVE., STE 260	<u>ଟିଲି</u> <b>ଅ</b> ଧ
	Enter Florida str	eet address
	SUNNY ISLES BEACH	, Florida <sup>33160</sup>
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EVGENIY GARBOVSKIY	17070 COLLINS AVE., STE 260,	
		SUNNY ISLES BEACH, FL 3316(	Remove
			□ Change
MGRM	INNOVATIVE TECHNOLOGIES	17070 COLLINS AVE., STE 260,	■ Add
		SUNNY ISLES BEACH, FL 3316(	Remove
			☐ Change
MGR	SERGEY SLASTIKHIN	17070 COLLINS AVE., STE 260,	□ Add
		SUNNY ISLES BEACH, FL 33160	□ Remove
			☐ Change
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If amending any other informatio	,	<b>0</b> ()	·					
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and does not m	cannot be printed the	or to date of fil	ing or more th	an 90 days afte	onal) r filing.) Pursua	unt to 605.02	20 l a
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Dated MAY 16,	, ,	2016 ##	<u></u>					
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Si	prature of a p	<del>ngmber</del> lor aut	norized repres	entative of a r	nember			
SERGEY SLASTIKHIN								

Page 3 of 3

Filing Fee: \$25.00