

L 13000/25196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

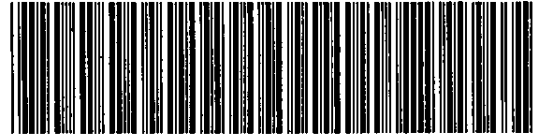
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DAMIR & IRINA 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:

Damir Yarullin  
Name of Person

\_\_\_\_\_  
Firm/Company

4619 Cason Cove dr, apt 1015  
Address

Orlando, FL, 32811  
City/State and Zip Code

damirandinina@damirandinina.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damir Yarullin at (850) 502-9032  
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

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DAMIR & IRINA 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 September 05, 2013 and assigned Florida document number L13000125196.

This amendment is submitted to amend the following:

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

DAMIR AND IRINA LLC

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

4619 Cason Cove dr, apt 1015  
Orlando, FL, 32811

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4619 Cason Cove dr, apt 1015  
Orlando, FL, 32811

**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: \_\_\_\_\_

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

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Damir Yarullin	4619 Casan Cove dr, apt 1015	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32811	<input type="checkbox"/> Remove
MGRM	Irina Yerokhova	4619 Casan Cove dr, apt 1015	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF FLORIDA  
 ALLAHABAD, INDIA

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

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Dated September 23, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Damir Yavullin  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA