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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER.

LERAFIFA	A LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SERGEY SLASTIKHIN		
		Name of Person	
		Firm/Company	
	17100 COLLINS AVENU	E, SUTE 224	
		Address	ldress
	SUNNY ISLES BEACH, I	FLORIDA 33160	
	SALATSV@GMAIL.COM	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
SERGEY SLASTIKHIN	N	786 202-7766 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LERAFIFA LLC (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<u>.</u>		
The Articles of Organization for this Limited Liability Company Florida document number L13000128055	were filed on 09/11/2013	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
SVM-MED LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	17100 COLLINS AVENUE, SUITE 2	24		
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES BEACH, FL 33160			
				
Enter new mailing address, if applicable:	17100 COLLINS AVENUE, SUITE 2	24		
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES BEACH, FLORIDA 33160			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the new		
registered agent and/or the new registered onice address ner	<u>c</u> .	•.		
Name of New Registered Agent:		- 5°		
		OCT DOCT		
New Registered Office Address:	Enter Florida street address	မျှင်း မော်		
	, Florida _	C= 7:= Code		
New Registered Agent's Signature, if changing Registered Agent:	**	Zip Code		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is		

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>	Name	Address	Type of Action
MGRM	SERGEY SLASTIKHIN	17100 COLLINS AVENUE	
		SUITE 224	□ Remove
		SUNNY ISLES BCH, FL 33160	☐ Change
			□ Add
		·	□ Remove
			Change
			Remove
			S S Add
			Remove
		-	Change
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Effective date, if other than the date of filing:	09/28/2016	(optio	nal)	- TO	11
f an effective date is listed, the date must be specific and c Note: If the date inserted in this block does not me document's effective date on the Department of Sta	cannot be prior to date of filing or a	more than 90 days after t ng requirements, this	iling.) Pu date wil	ມາຊີບູ້ສັກt to Proot be ເພື່ອ	605.0207 listed as
e record specifies a delayed effective da The 90th day after the record is filed.	ite, but not an effective	time, at 12:01 a	.m. on	the ea	ariier o
Dated,	·				
_///					
Signature of a me	ember or authorized representative	e of a member			
/ * /					

Page 3 of 3

Filing Fee: \$25.00