

L13 000145887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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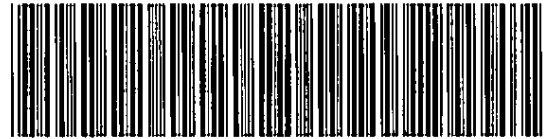
(Business Entity Name)

(Document Number)

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Law Offices of

Roxana I. Nasco P.A.

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LL.M. in Taxation
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Tax & Estate Planning
Residential & Commercial Real Estate
Probate & Trust Administration
Business Succession Planning
Business Entities

May 11, 2020

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Amendment to Articles of Organization –
MAKS Invest US, LLC, Florida Document No. L13000145887**

Ladies and Gentlemen:

Enclosed for filing please find the original Articles of Amendment to the Articles of Organization of MAKS Invest US, LLC, which reflects various changes and a deletion to the identities, address, and/or titles of the persons who were the "Managing Members."

Once filed, please return a date stamped copy to our office in the self-addressed, stamped envelope provided for your convenience.

If you have any questions, please do not hesitate to call us.

Sincerely,

ROXANA I. NASCO, P.A.

Roxana I. Nasco, Esq.

RIN/
Enclosures

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

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MAKS INVEST US, 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 OCTOBER 16, 2013 and assigned Florida document number L13000145887.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEXANDER MALIKIN	17 TERRASSE PAGE	<input type="checkbox"/> Add
		ILI BIZARD, QUEBEC, CANADA	<input type="checkbox"/> Remove
		H9E A-N7	<input checked="" type="checkbox"/> Change
AMBR	MICHAEL STYSIS	7515 WESTOVER	<input type="checkbox"/> Add
		MONTREAL, QUEBEC, CANADA	<input type="checkbox"/> Remove
		H4W E-K7	<input checked="" type="checkbox"/> Change
AMBR	MLN CORP.	203 THORNWAY AVENUE	<input checked="" type="checkbox"/> Add
		THORNHILL, ONTARIO, CANADA	<input type="checkbox"/> Remove
		L4J 2-K4	<input type="checkbox"/> Change
AMBR	DMITRY ANOSHIKIN	37 MAPLE VALLEY ROAD	<input type="checkbox"/> Add
		MAPLE, ONTARIO, CANADA	<input type="checkbox"/> Remove
		L6A 0X9	<input checked="" type="checkbox"/> Change
MGRM	MICHAEL KHARLAB	203 THORNWAY AVENUE	<input type="checkbox"/> Add
		THORNHILL, L4J 2-K4 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 APRIL 20, 2020

Michael Stysis
Signature of a member or authorized representative of a member

Michael Stysis
Typed or printed name of signer

Filing Fee: \$25.00