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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	& A EXPORT	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	JASON J&A EX	EIBINDER Name of Person X PORTS Firm/Company	
	1799 NE	164+H ST #1	12
	MIAMI, SASON E E-mail address: (to	FL 33162 City/State and Zip Code E 89 @ GMAIL . (be used for future annual report notificati	on)
For further information co	oncerning this matter, please cal	l:	25 28
SASO N Name of	EIBINDER	at ($\frac{786}{}$) $\frac{499-7}{}$ Area Code & Daytime Te	949 Slephone Number 3387 -8 11
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

) 4 H F	HONGS LU	V
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Florida document number \(\bigcup_1300014918 \)		$\frac{3}{2013}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
		7.0 22
Enter new mailing address, if applicable:		3 NOV - VOM C
(Mailing address MAY BE A POST OFFICE BOX)		Will control
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter 1	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANTONIO KIRIAKOV	234 NE 3RD ST #601	Add
		MIAMI, FL 33132	Remove
			_
MGR	JASON EIBINDER	300 BAYVIEW DR. #30	Add Add
		Sunny Isles, FL 33160	Remove
			.
	<u> </u>		Add
			Remove
			No.
		SSE SE	Add
		SECRETARY DE STATE ALLAI ASSES FLORID	Add Add Remove
		7.7	•
			Add
			Remove
***************************************			Add
			Remove

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

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