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COVER LETTER

TO: Registration Section Division of Corporations	s		
SUBJECT: TJJZ	ZRUTSEV CONS Name of Limited	SULTING LLC d Liability Company	
The enclosed Articles of Amendme	ent and fee(s) are submi	itted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
	TITFAN	Name of Person	
	,	TUZ ZAYTSEV CONSULTO Firm/Company	16 UC
90	25 3 rd Stre	et. APT 4407	201 TAL
		Address	2013 NOV
	MIRMI, F	7 33130 City/State and Zip Code	<u> </u>
		Earrail. (NA)	on) SATI
For further information concerning		be beed for future annual report notificati	on) IS
THEANY ZAYISEV Name of Person		at (<u>306) 502 - 5532</u> Area Code & Daytime Te	lephone Number
Enclosed is a check for the following	ng amount:		
	00 Filing Fee & crtificate 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

Name of the Limited Liability (A Florida Li	Company as it now appears on our	r records.)
The Articles of Organization for this Limited Liability Co		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	red liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		70.73
<u>(Principal office address MUST BE A STREET ADDRI</u>	ESS)	\$ 5 L
Enter new mailing address, if applicable:		25 3 Th
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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 **Title** <u>Name</u> **Address Type of Action** 92 SIN 3rd Street, APT 4407 TIFFANY J. - ZAUTSEV Add MIAMILY 7,33130 Remove Add Remove Remove ഗ Add Remove Add Remove Add Remove

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	······································
	Ty Zanto
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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