# 113000153160

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### **COVER LETTER**

Registration Section Division of Corporations

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SURIECT:			· • · · •	•••

Name of Limited Liability Company

**VLLC** 

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# **ROUSLAN MOURTAZOV**

Name of Person

Firm/Company

134 S. DIXIE HWY STE 201

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

rm1940@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Rouslan Mourtazov

\_,450<u>,</u>646-2056

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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□\$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
Tallabassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RRFILLMOREINV LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number L13000153160		and assigned
Tiorida document namoci	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designment	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRE	ESS)	
		-a
		r.s. ,
Enter new mailing address, if applicable:		en y:
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registe		, enter the name of the nev
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		oridaZip Code
	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

THE RESERVE OF THE PROPERTY OF

MGRM = Managing Member Type of Action <u>Title</u> Name **Address** 2025 Fillmore Street Raissa Senkina **MGRM** Hollywood, FL 33020 Remove Remove 3 NOV 12 AM Add Remove Remove

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amending any other information, ent	er change(s) here: (Allach additional sheets, if necessary.)
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Rousian Mourtazov	Typed or primed name of signee
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Page 3 of 3

Filing Fee: \$25.00