LB000157750

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(Address) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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CEC O O 2017 L. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: NV	PABTNORS,	LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	NikoLay	VLASIK Name of Person	
	·	Name of Person	
	NV PARTI	Ners. LLC	
	i	Firm/Company	
	9975 TUA	Y NAT 202 Address	
	1	Address	
	St. Rete	FZ 3370 2 City/State and Zip Code	>
-	VLAD_SOMAT	DVahoo. Com o befused for future annual report notific	
	1		cation)
For further information cond	terning this matter, please ca	II:	
Nikolay VL	15.16	at (727) 945-, Area Code Daytime	2380
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$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)
MARINA	C ADDRESS.	CTDFFT/COURTE	Un ABBRUSS.

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**

NV PARTNERS, LL. (Name of the Limited Liability Compar (A Florida Limited L.)	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>13000157750</u> .	were filed on <u>11/08/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	9975 7 thway North	apt 202
(Principal office address MUST BE A STREET ADDRESS)	Suint Petersburg F	<u></u>
I	9975 7thway North Saint Petersburg Fl 33702	
Enter new mailing address, if applicable:	9975 7th way North Saint Pelensburg	1 gpt. 202
(Mailing address MAY BE A POST OFFICE BOX)	Saint Pellasburg	FL
	35702	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the
	7th way North cot. 20 Enter Florida street address	2.
Saint Pe	Enter Florida street address LR Florida	3370 L 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	VLADISLAY VENIAHINOY	13300 WALSTNOHM RJ #56	Add
		13300 WALSINGHM RJ #56 Largo FL 33714	Remove
			Change
			
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			□ Change

E. Effective date, if other than the date of filing: 12/01/2017 (optional) (If an effective date is liated, the date mass be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 the poth day after the record is filed. Dated 12/01/2017 Signisure of a member or authorized representative of a member Prior of the poth day after the record is filed.				
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Filing Fee: \$25.00