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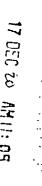
(F	Requestor's Name)	
(/	Address)	
	Address)	
(1)	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

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SUBJECT	· }	NV PARTNORS. Name of Limit	LLC ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		NikoL	Name of Person	
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following:			
		Saint Pe	Hersburg FL 33 City/State and Jip Code	702
		VEAO_SOMAT E-mail address: (1	yahoo, Com be used for future annual report notif	ication)
For further	information co			
Nixor	Name of	K, Person	at (727) 945~ Area Code Daytime	2.5 % Q : Telephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$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

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NV PAGINERS.LLC	B. (2)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 143000 457750	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	gg75 7th Way North
(Principal office address MUST BE A STREET ADDRESS)	Scrint Peterisburg FL 33702
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 here:	
Name of New Registered Agent: Nivo	Lay Vlasis
New Registered Office Address: 9975 7	th way North

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

Saint Petersburg Florida 33702
Zip Code

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>	<u>Name</u>	Address	Type of Action
MOR	VLADISLAV VENIAMINOV	13500 WALSINGMAN RJ #56	
		13300 WALSINGMAN RJ #56 Largo FL 33774	Remove
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Filing Fee: \$25.00