

L14000001309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

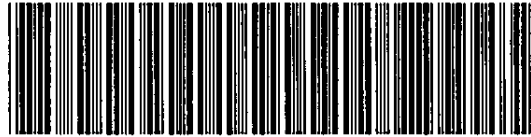
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 20 2014  
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**ROBERT KIT KOREY, P.A.**  
**KOREY, SWEET, MCKINNON & SIMPSON**  
Attorney and Counselors at Law

Robert Kit Korey, P.A.  
Jeffrey C. Sweet  
Noah C. McKinnon, Jr., P.A.  
Scott E. Simpson, P.A.  
Abraham McKinnon  
R. Kevin Korey  
Adam K. Dunn

Suite A, Granada Oaks Professional Building  
595 West Granada Boulevard  
Ormond Beach, Florida 32174  
Telephone (386)677-3431  
Telefax (386)673-0748

February 18, 2014

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

VIA FEDERAL EXPRESS

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RE: Amendment to Articles of Organization

Madam:

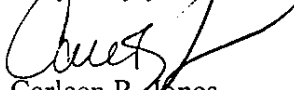
Enclosed please find the Articles of Amendment to the Articles of Organization for filing for the following corporation

Eroflot, LLC

I have enclosed a check in the amount of \$25.00 payable to the Department of State to cover the filing fees.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Carleen R. Jones  
Legal Assistant to R. Kevin Korey

enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Eroflot LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**R. Kevin Korey**

Name of Person

**Robert Kit Korey PA**

Firm/Company

**595 W. Granada Blvd.**

Address

**Ormond Beach FL 32174**

City/State and Zip Code

**Kevin@KoreylawPA.com**

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

For further information concerning this matter, please call:

**Carleen Jones**

Name of Person

**386 677-3431x227**

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following 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)

**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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Eroflot, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/3/2014 and assigned  
Florida document number L14000001309.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

257 Sunset Drive

Islamorada, FL 33036-4229

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

257 Sunset Drive

Islamorada FL 33036-4229

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FALLS CHURCH, MISSISSIPPI

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

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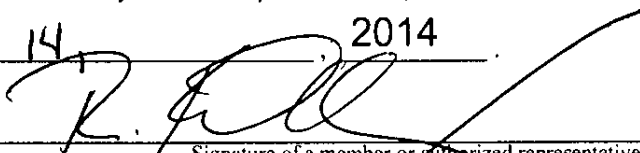
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated Feb 14, 2014



Signature of a member or authorized representative of a member

R. Kevin Korey

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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