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	(Requestor's Name)
	(Address)
- "	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions	to Filing Officer:

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SECRETARY OF STATE
AND A SEFET FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporation				
POGODA IN	VESTMENTS LLC			
	Name of Limited	I Liability Company		
The enclosed Articles of A	mendment and fee(s) are submit	tted for filing.		
Please return all correspond	dence concerning this matter to	the following:		
	ALEX RENALDO			
		Name of Person		
	POGODA INVESTMENTS I	LLC	_	
		Firm/Company		
	16001 COLLINS AVENUE	4 3103		
		Address		
	SUNNY ISLES BEACH, FL	33160		
4		City/State and Zip Code		. a
	ALSERANAS59@YAHOO.C		ACC	
0	E-mail address: (to	be used for future annual report notification)	≥	⇒ ••
For further information con	ncerning this matter, please call:		ASSVI ANNA	
ALEX RENALDO		305 775-0163 at ()	in C	T G
Name of	Person	Area Code Daytime Telephone	Number RID	<u> 1</u> : 39
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Certificate of Certified Co (additional cop	of Status & opy

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

POGODA INVESTMENTS LLC		<u> </u>
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were f	iled on 3/6/2014	and assigned
lorida document number L14000037646		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	SEC TALLE	
nter new mailing address, if applicable:		Chailed .
Mailing address MAY BE A POST OFFICE BOX)	XM M	esteres
	SE	
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. If amending the registered agent and/or registered office a	ddress on our records <u>penteret</u>	he name of th
gistered agent and/or the new registered office address here:	जिल्ला अ	
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
Ci	: y	ыр Соае

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MAXIM KRYLOV	16001 COLLINS AVENUE #3103	
		SUNNY ISLES BEACH, FL 33160	Remove
			Change
MGR	NADEZHDA USTINOVA	16001 COLLINS AVENUE #3103	Add
		SUNNY ISLES BEACH, FL 33160	Remove
			Change
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ote: If the	date inserted in this block d	loes not meet the ap	plicable statutory	g or more than 90 day filing requiremen	ts, this dat	e will no	ot be listed
cument s e	ffective date on the Departs	mem of State's reco	rus.				
	pecifies a delayed effort day after the record		not an effect	ive time, at 12	:01 a.m	on th	e earlier
ited	December 4	, 2015	·				
	December 4	Ekousla					
	Signa	ature of a member or a	uthorized represen	ntative of a member			

Page 3 of 3

Filing Fee: \$25.00