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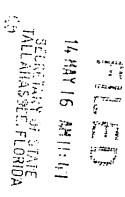
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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Tempera MAN TO SALMY



April 29, 2014

YURIY SHULHAN 13990 SW 72ND AVE PALMETTO BAY, FL 33158

SUBJECT: ALGOL 21 LLC Ref. Number: L14000041732

We have received your document for ALGOL 21 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00009054

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ALGOL 21 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: |
| YURIY SHULHAN |
| Name of Person |
| |
| Firm/Company |
| 13990 SW 72ND AVE |
| Address |
| PALMETTO BAY, FL 33158 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| YURIY SHULHAN |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALGOL 21 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 C | Company were filed on MARCH 12, 2014 and assigned |
|--|--|
| Florida document number L14000041732 | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | ited liability company here: |
| YURIY SHULHAN LLC | |
| The new name must be distinguishable and end with the words "Li | mited 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 ADD | RESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our records, enter the name of the new dress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | (A) (O) (P) |
| | Enter Florida street address |
| | City ZiptCode |
| New Registered Agent's Signature, if changing Registere | ed 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 **Type of Action Address** Title **Name** _□ Add ☐ Remove _ Add _□ Remove _____ □ Remove Remove metme ☐ Remove _ Add __ Remove

| . If amending any other information, enter chan | ge(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| | <u> </u> |
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| | |
| Effective date, if other than the date of filing: | (optional) |
| the date this document is filed by the Florida Department of | State) |
| Dated MAY 12 | 2014 |
| Dated, | |
| | |
| Signature of a men | ber or authorized representative of a member |
| YURIY SHULHAN | |
| Туг | ped or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

