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(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Division of C	i Section Corporations				
SUBJECT:	EBR AU	to LLC ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Evge	ny Rybalki Name of Person	N		
	EBR A	yto LLC Firm/Company			
	4855 Di	stribution ct	, ste 4		
	orlando	FL 328	22_	ZOW HAR	Managar Service
	EVGENE (Q) E-mail address: (UNIVERSE - AVI to be used for future annual report notif		31 PK	
For further information	on concerning this matter, please c	all:		98.8 25.8 25.8 25.8 26.8 26.8 26.8 26.8 26.8 26.8 26.8 26	
EVYCV () Nan	ne of Person / Dal Kin	at (407) 334 (Area Code) Daytime	OL 61 e Telephone Number	- 56 	
Enclosed is a check for	or 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 Certificate Control Certified Control (additional control	of Status &	

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

EBK AUK	J LLC
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on March 17, 2014 and assigned
This amendment is submitted to amend the following	<u>r</u> :
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and end with the words Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	[
	The Company of the Co
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	FLOSH 17: 5
New Registered Office Address:	Σ 6
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Type of Action Title Name **Address** Evgeny Rybalkin 4855 Distribution at Madd ste 4, Orlando FL Remove 32822 □ Add ☐ Remove □ Add □ Add □ Add ☐ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Effectiv (The effect	e date, if other than the date of filing:
	ive date must be specifie, earnor be prior to date or receipt or mod date and earnor be more dian 20 days after
	his document is filed by the Florida Department of State)
the date t	
the date t	his document is filed by the Florida Department of State) 03/27 Ruffer .
the date t	

Page 3 of 3

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