## 11400045593

(Requestor's Name)				
. (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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April 26, 2018

MAZGAUTO CHERUOVA 2998 SUNRISE LAKES DR E APT 313 SUNRISE, FL 33322 US

SUBJECT: CR 1000 TEAM LLC Ref. Number: L14000045593

We have received your document for CR 1000 TEAM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00008636

2018 JUN 25 PM 1:5

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	CR 1000 TE. Name of Limit	AM LLC ited Liability Company	
The enclosed Articles of A			
Please return all correspond	dence concerning this matter	to the following:	
	Margari	Name of Person	4
	es of Amendment and fee(s) are submitted for tiling.  Trespondence concerning this matter to the following:  Maft garifq Cherino VA  Name of Person  CR 1000 TEAM LLC  Firm/Company  2998 Sunzise Lakes Dzive E apt 3/3  Address  Sunkise Florida 33322  City/State and Zip Code  Margarita Cheriova 6 @ gmail. com  Edmail address: (to be used for future annual report notification)  tion concerning this matter, please call:		
	2998 Sunz	1.St Lakes D21VE	E apt 313
	Sunrise	Florida 33327	7 
		1 1137 \$1965 9051 749 (3545)	
	· · · · · · · · · · · · · · · · · · ·		
MAR GARITO	a Chek NoVA Person	at ( <u>954)</u> <u>2480</u> Area Code Daytime T	SOC 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 Fallahassee, F1, 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

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>	Name	Address	Type of Action
MGR	PAVEL RODICHEV	1102 SE 5th CT	🗆 Add
		Dalica h 1	Remove
		Florida 33004	
p	Mazgarita Chezna	OVA 2998 Sunzise Lakes DzE apt313	<b>D</b> (Add
	O	Lakes DIE apt 3/2	Remove
		Sunzise FC 33322	□ Change
			□ Add
			□ Remove
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			61	
Note:	ve date, if other than the date of filing:  Ab71 06, 20 (Aoptional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date went's effective date on the Department of State's records.	oursuant	10 605	.0207 ed as

Page 3 of 3

Filing Fee: \$25.00