

LN 000463 SD

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

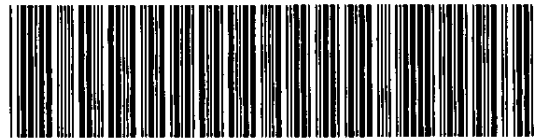
(Business Entity Name)

(Document Number)

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FEB 21 2017

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 21 AM 8:02

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HB 2810, 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:

PAUL KOGAN, ESQ.

\_\_\_\_\_  
Name of Person

THE KOGAN FIRM, P.A.

\_\_\_\_\_  
Firm/Company

330 N. ANDREWS AVE., STE. 450

\_\_\_\_\_  
Address

FT. LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

PKOGAN@KOGANPROBER.COM

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

For further information concerning this matter, please call:

PAUL KOGAN

954 281-8888  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
17 FEB 21 AM 8:02

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

HB 2810

(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 3/20/2014 and assigned  
Florida document number L14000046380.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 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>              | <u>Type of Action</u>                   |
|--------------|--------------------|-----------------------------|---|
| MGR          | SOMIDAL, LLC       | 231 174TH STREET, 808       | <input type="checkbox"/> Add            |
|              |                    | SUNNY ISLES EBACH, FL 33160 | <input type="checkbox"/> Remove         |
|              |                    | 231 174TH STREET, 808       | <input type="checkbox"/> Change         |
| MGR          | KOSTIANTYN KOZYMIR | SUNNY ISLES EBACH, FL 33160 | <input checked="" type="checkbox"/> Add |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |
|              |                    |                             | <input type="checkbox"/> Add            |
|              |                    |                             | <input type="checkbox"/> Remove         |
|              |                    |                             | <input type="checkbox"/> Change         |

SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
FEB 21 AM 8:02

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16 FEB 21 11 58 AM '64  
SECRETARY OF STATE  
WASHINGTON, D.C.  
17 FEB 21 AM 8:02

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 13 2017

\_\_\_\_\_, 2017  
  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LILIYA LAPOVOK

Typed or printed name of signee