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(Cit	ty/State/Zip/Phone	e #)
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B. BOSTICK

APR 2 9 2014

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	SVK Pro	operfies LL ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Svetland SVK P.	Name of Person  roper Hes L  Firm/Company	uk LC	
	1100.	Plins Ave ?	2209	
	Sunny -	Toles FC  City/State and Zip Code	33/60	- 17
	SU055 E-mail address: (i	o be used for future annual report notifi	ru ication)	ا با ا استان استان
For further information co	oncerning this matter, please ca	all:		
Aleksa Name o	nd Mille f Person	at (786) 50 Area Code Daytime	1 - 679 5 Telephone Number	\ ±
Enclosed is a check for the	ne following amount:			
全 S25.00 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 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

SVK Properties	110				
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on o	ur records.	)		
The Articles of Organization for this Limited Liability Company wer Florida document number		17/18		and ass	signed
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 end with the words "Limited Liability	Company," the design	nation "LLC	" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:			··		
(Principal office address MUST BE A STREET ADDRESS)					
_				2	
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Enter new mailing address, if applicable:				:	4 4 4 4
(Mailing address MAY BE A POST OFFICE BOX)			• .		- 1
<u> </u>				Ū	^==1
			. ,	₩.	• • •
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records,	enter: the	<u>name</u>	of the nev
Name of New Registered Agent:					<del></del>
New Registered Office Address:					
	Enter Florida st	reet address			
		, Floi		<u>.</u>	
New Registered Agent's Signature if changing Degistered Agent.	City		2	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

<u>Title</u>	Name	Address	Type of Action
MGR	Aleksandr Mil	Eler 16699 Collins Ave 17 2209 Sunny Isles FE 33,	Add Add
		Sunny Isles FE 33,	/60 □ Remove
			□ Add
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. If amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
-	
<del></del>	
F ffective d	ata if other than the data of filings
(The effective	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	4/21/14
-	Signature of a member or authorized representative of a member
_	X llowgratted Signature of a member or authorized representative of a member  Svetlana Kondra Lyuk  Typed or printed name of signar
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00