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FILED 2014 JUN 13 PH 3: 22

TO: Registration Section **Division of Corporations** 

# SMART PELICAN TECHNOLOGIES GROUP, 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:

# William Gerstein Name of Person Gerstein & Baret, PL Firm/Company 3007 W Commercial Blvd., Ste. 105 Address Fort Lauderdale, FL 33309 City/State and Zip Code wg@usaimmigrationlaw.com

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

For further information concerning this matter, please call:

William Gerstein	<sub>at</sub> 954 486-9966	
Name of Person	Area Code	Daytime 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 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

FIL.ED 2014 JUN 13 PM 3: 22

SEUR PART OF STATE TALLAH4SSEE, FLORIDA

### SMART PELICAN TECHNOLOGIES GROUP, 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 Company	were filed on 05/02/2014	and assigned
Florida document number L14000072001		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Lial	pility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	915 Middle River Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 319	
	Fort Lauderdale, FL 33304	
Enter new mailing address, if applicable:	915 Middle River Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 319	
	Fort Lauderdale, FL 33304	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		er the name of the new
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I are	n familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 = A	uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Oksana Fomenko	1040 SEMINOLE DRIVE Add
		Unit 1553
		FORT LAUDERDALE, FL 33304
		Remove
_ <del>.</del>		
		Remove
		Add
		Remove
<u> </u>		Add
		Remove
<del></del>		
		Remove

D. If amending any other information, enter cha Add FEIN: 38-3930951	nge(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
Dated May 30	2014
Signature of a me	mber or authorized representative of a member
Yuriy Fomenko, Mana	
T	yped or printed name of signee

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Filing Fee: \$25.00

