114000080801

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	/)
PICK-UP WAIT	MAIL
(Business Entity Name	s)
(Document Number)	
Certified Copies Certificates o	of Status
Special Instructions to Filing Officer:	!

Office Use Only



600296252116

03/13/17--01012--011 **25.00

17 MAR 13 AH 11: 07

O SIMMONS MAR 1 4 2017

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		VITT TECH ,	AND MORE, LL
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	IGOR K	ORNEYCHII Name of Person	<u>K</u>
	3419	Firm/Company BEACON ST Address	REET
	DOMPANO LGORKO, E-mail address: (1	BEACH FL 3 City/State and Zip Fode RN @ BK . RU to be used for future annual report notif	3062-2922 ication)
For further information	concerning this matter, please ca	all:	
NICOLA L.	Zagardo Esq	at (954) 786- Area Code Daytime	O360 Telephone Number
Enclosed is a check for t	he 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

WEAVERKN	11TT T	ECH AND MORE LLC
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Lia Florida document number $\angle 140008$	ability Company <u>0801</u>	ECH AND MORE LLC Interpretation of the seconds of the second of the sec
This amendment is submitted to amend the follo	wing:	9
A. If amending name, enter the new name of	the limited liab	ility company here:
	- Maria - Carallero - Nobel - Carallero -	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity 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)		3419 BEACON STREET
		POMPANO BEACH, FL
		33062-2922
Enter new mailing address, if applicable:		3419 BEACON STREET POMPANO BEACH, FL 33062-2922,
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	33062-2922,
B. If amending the registered agent and/or the new registered off	ice address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	3419	BEACON STREET
	•	Enter Florida street address
	POINA	PANO BEACH, Florida 33062-2922
		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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IGOR KORNEYCHIK	3419 BEACON ST.	d Add
		POMPANO BEACH, FL,330	- 2922 62 □ Remove
			□ Change
MER	JULIA PEKARSKAYA	4020 GALTOCEAN DR #	
		FT. LAUDERDALE, FL. 33:	Remove
			Change
			Add
		**************************************	□ Remove
			Change
			
			☐ Remove
			□ Change
			Add=
		·	☐ Remove
	,		Change
			🗅 Add
			□ Remove
			5 a

		·					<u> </u>		
							····	<u></u>	
									
								. 11.	1
								11	Ē
								· · · · ·	<u>ت</u>
								· i	
			 			 			: 0
· 	•							 	
		 					<u></u>		
<u></u>									
		·						<u> </u>	
					····				
Effective d	late, if other th	an the date of 1	iling: O	3.08.	2017	(option		(0.5 /	0007 (0)
Note: If the	e date inserted i	date must be specifi this block does to the Department	not meet the a	pplicable statu	tory filing requ	irements, this d	ate will not	be listed	dasthe
		elayed effection he record is fil		t not an effo	ective time,	at 12:01 a.i	n. on the	earlie	r of:
Dated	03.08	2017		. 1					
 -			Koh	authorized repr					
-		Signature	of a member of	authorized repr	esentative of a m	ember			

Page 3 of 3

Typed or printed name of signee