## £ 14000148756

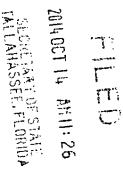
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



400262302154

10/14/14--01015--021 \*\*25.00



K. SALY EXAMINER

OCT 2 0 2014

## **COVER LETTER**

TO: **Registration Section Division of Corporations** AS MIAMI INVEST 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: INNA VORONA Name of Person CORONA TAX SERVICES INC Firm/Company 3363 NE 163RD STREET STE 506 Address N. MIAMI BEACH, FL 33160 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Name of Person

■ \$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:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## AS MIAMI INVESTILLC

(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 Liab Florida document number L14000148756	ility Company were filed	on 09/23/2014	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability compa	nny here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Compan	y," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office addre	ess on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:		,	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	En	ter Florida street address	
		, Florid	a
	Ciry	· · · · · · · · · · · · · · · · · · ·	aZip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

Title Name Address Type of Action

MGRM SKLYANKIN, YURIY 1201 S OCEAN DR APT 1008S

HOLLYWOOD, FL 33019

Remove

		 <del>-</del>
		_□ ∧dd
		□ Remove
		_ _□ Add
		□ lemove
		6
		Remove  Remove
		 T KOMBRE
•	•	
		□ Add
		 □ Remove
		□ Add
		□ Remove

D. If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
•	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and c the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated Ocrober 9 2014.	
Signature of a member or authorized representation	ntative of a member
GANNA SKLIANKINA	
Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00