1400173873

| (Re | equestor's Name) | |
|-------------------------|----------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone : | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800281913468

02/11/16--01011--019 **25.00

TALLARSSEL FLORIDA
SECRETARY OF STATE
OF THE STATE
OF THE

FEB 12 2016 S. YOUNG

COVER LETTER

| Div | ision of Cor | porations | | | |
|--------------------|----------------|--|---|----------------------|--|
| SUBJECT: | TANUKI, I | LLC | | | |
| SOBSECT | | Name of Lim | ited Liability Company | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Klara Fishman-Sitbon, Esc | 4 . | | |
| | | | Name of Person | | |
| | | Law Offices of Fishman-S | Sitbon, P.A. | | |
| | | | Firm/Company | | |
| | | 80 SW 8th Street, FL 20 | | | |
| | | | Address | | -4.0 ± |
| | | Miami Beach, FL 33130 | | | |
| | | | City/State and Zip Code | | 一一一 |
| | | kfishman@fsplegal.com | | | |
| | | E-mail address: (| to be used for future annual | report notification) | (//) |
| For further in | nformation c | oncerning this matter, please ca | all: | | 5: 08 |
| Klara Fishm | an-Sitbon | | 305 42. | 3-7077 | |
| | Name o | f Person | Area Code | Daytime Telepho | ne Number |
| Enclosed is a | a check for th | ne following amount: | • | | |
| ■ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enc | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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

| (Name of the Limited Liability Co. | magny as it now appears on our rec | ords) |
|--|--|---------------------------------------|
| (A Florida Limit | mpany as it now appears on our rec ted Liability Company) | orus. |
| The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organ | any were filed on 11/07/14 | and assigned |
| riorida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STREET ADDRESS | 2 | |
| | | FA T |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 27 8 27 8 |
| | | 3.7 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | rds, enter the name of the |
| | | |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street add | dress- |
| · · · · · · · · · · · · · · · · · · · | | 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-----------------------|-----------------------|
| MGR | Victoria Pecherskaya | 1080 Alton Road | = Add |
| | | Miami Beach, FL 33139 | □ Remove |
| | | | Change |
| MGR | TAGIR SAYDKUZHIN | 1826 Collins Avenue | ☐ Add |
| | | Miami Beach, FL 33139 | Remove |
| | | | Change |
| | | | 5 □ Add |
| | | | Remove |
| | | | E Change |
| | | | ST ST ST ST Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| ************************************** | |
| ** * * * * * * * * * * * * * * * * * * | |
| | ······································ |
| | 5 |
| | 8 T |
| | |
| | 200 % |
| | ₩ 2 |
| | |
| tive date, if other than the date of filing: | (optional) ng or more than 90 days after filing.) Pursuant to 60 |
| If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records. | y filing requirements, this date will not be lis |
| | |
| ecord specifies a delayed effective date, but not an effect e 90th day after the record is filed. | tive time, at 12:01 a.m. on the earli |
| 1 2/5/16 // // , /20/6 . | |
| μ (1/1 1 | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00