

214000173985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

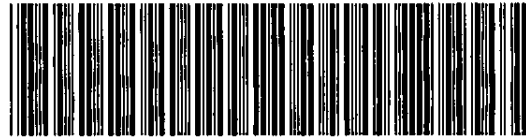
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J. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: " SOFT ANGLE 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:

DORFMAN VIACHESLAV

Name of Person

" SOFT ANGLE GROUP, " LLC

Firm/Company

6350 PELICAN BAY BOULEVARD APT 303B

Address

NAPLES FLORIDA 34108

City/State and Zip Code

vdorfman@me.com

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

For further information concerning this matter, please call:

DORFMAN VIACHESLAV

Name of Person

347

at ()

529 8939

Area Code

Daytime Telephone Number

ph/fax 239-431-8921

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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

Reed
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

" Soft Angel 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 11/07/2014 and assigned
Florida document number L140001739

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

" Soft Angle Group," LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

6350 Pelican Bay Blvd Apt 303B

Naples FL 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6350 Pelican Bay Blvd Apt 303B

Naples FL 34108

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dorfman Viacheslav

New Registered Office Address:

6350 Pelican Bay Blvd Apt 303B

Enter Florida street address

Naples

City

, Florida 34108

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anton Liskevich	5534 Yahi St Naples FL 34109	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Viacheslau Antsipenka	5534 Yahi St naples FL 34109	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Katja Heikkinen	2420 Old Groves R 202 Naples FL34109	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TAMPA FLORIDA

Quell

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/12/2014

[Signature]

Signature of a member or authorized representative of a member

DOREMAN V. ACHESON

Typed or printed name of signee

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CLERK OF STATE
ALBANY, NEW YORK