<u>L14000175449</u>

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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COVER LETTER

Division of Cor	rporations		
Florida Bu SUBJECT:	y and Sell, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	Nikolay Safonov		
		. Name of Person	
	Florida Buy and Sell LLC		`
	,	Firm/Company	
	3811 Fishing Trail		
		Address	
	Sarasota, FL 34235		
		City/State and Zip Code	
	nikolay@flbuyandsell.com	·	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Nikolay Safonov		941 893-1848 at ()	
, Name o	f Person		e Telephone Number
Enclosed is a check for the	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:

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

FLORIDA BUY AND SELL, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 11/12/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "I.I.C" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		16
(Mailing address MAY BE A POST OFFICE BOX)		5- 5
		SSE T
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the nev
Name of New Registered Agent:		الخم
		
New Registered Office Address:	Enter Florida street address	
	, Florid	da Zip Code
	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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Olena Puellmann	3811 Fishing Trail	Add
		Sarasota, FL 34235	■ Remove
		 	Change
			Add
			☐ Remove
			Add
			☐ Remove
			Change
			<u></u>
•			Remove
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Filing Fee: \$25.00