114000181752

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300302865763

08/28/17--01021--017 **25.00

17 AUG 28 AN 72 ING

AUG 2 9 2017 J SHIVERS

COVER LETTER

Division of Cor			
SUBJECT:	Expert Cen	ter. LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Anna	Nemova Name of Person	<i>:</i>
	Experi	Center, LLC	
		, Company	
	1990 NE	163rd Street #	<i>'233</i>
	North Nie	ami Beach, FL, 3. City/State and Zip Code	3162
	accounting E-mail address: (1	@ expert center. U-	<u>Cation)</u>
For further information c	oncerning this matter, please ca	ill:	
Anna Name o	Nemova fPerson	at (<u>305</u>) 677 - Area Code Daytime	- 216 Z Telephone Number
Enclosed is a check for the	ne 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

Expert Cent	er, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/4000 181 752</u> .	vere filed on <u>November 24, 2</u>	2014 and assigned
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable:		
The new name must be distinguishable and contain 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>ente</u>	er the name of the new
		% \$28 \$3 \$3 \$3
New Registered Office Address:	Enter Florida street address	The Res
	, Florida _	22 Ap Code
New Registered Agent's Signature, if changing Registered Agent:	•	DA 6

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Natalia Baranova	16400 Collins Ave, #942	t Add
		16400 Collins Ave, #942 Sunny Isles Beach, FL, 3316	<u>'</u> □ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Classes

					•			_
		<u> </u>						_
						<u> </u>		_
								_
			•					_
				<u>,,,</u>				_
		-						_
					•			_
	<u></u>					, کر	 O	_
						<u> </u>	17 A	_
						25 T	AUG 2	— ** ;;
						Siz C	<u> </u>	- K
			 -	· · · · · · · · · · · · · · · · · · ·		<u>ي ال</u> ال	.% 	-
						ORIO	(00)	لون
****								_

Page 3 of 3

Filing Fee: \$25.00