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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

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# **COVER LETTER**

TO: Registration Section Division of Corpo		·	
SUBJECT:	641 REAL Name of Limit	ed Natbility Company	
The enclosed Articles of Articles	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
<del>-</del>	SER	GEY SANDLE	ĒR
•		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u> </u>
	550 00	EAN BLV.D. Address	
	Golden	Address  BEACH FL 3  City/State and Zip Code  PDDSC GMAIL. Cobe used for future annual report notific	3160 COM
For further information con-	cerning this matter, please cal		
SERGEY Name of Po	SAND LER erson	at (7 (8) 207- Area Code Daytime	3198 Felephone Number
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	Liability Company as it now appears on our Florida Limited Liability Company)	r reçords.)
The Articles of Organization for this Limited Liabs	ility Company were filed on12_	04/14 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the wor		tion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET)	<del></del>	TAL TAL
•		CAR DE
Enter new mailing address, if applicable:	<del></del> -	ASSET I
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	Afternoon and the salthernoon are considered as a second constraint and a second constraint and a second constraint as a second constrain	OR IA F
B. If amending the registered agent and/or registered agent and/or the new registered office		•
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida stre	et address
		, 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager . . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00