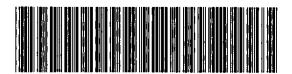
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(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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J. Shivers MAR 1 0 2015



March 5, 2015

INNA VORONA 3363 NE 163RD ST STE 506 N MIAMI BEACH, FL 33160

SUBJECT: MIAMI FORTUNE GROUP LLC

Ref. Number: L15000019429

We have received your document for MIAMI FORTUNE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 915A00004551

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIAMI FORTUNE 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:
INNA VORONA
Name of Person
CORONA TAX SERVICES INC
Firm/Company
3363 NE 163RD STREET STE 506
Address
N. MIAMI BEACH, FL 33160
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person
Dayume Tempore Pulling
Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI FORTUNE GROUP	LLC					
(<u>Name of the Limite</u>	d Liability Compan	y as it now appears on our reability Company)	<u>cords.</u>)	· <u></u>		
The Articles of Organization for this Limited Liz Florida document number L15000019429 This amendment is submitted to amend the following the submitted to a mend the submitted the submitted to a mend the submitted the s	ability Company v			and as	signed	
A. If amending name, enter the new name of	the limited Habii	ity company nere:				
The new name must be distinguishable and end with the v	vords "Limited Liabil	ity Company," the designation	"LLC" or the	e abbreviation "	L.L.C."	
Enter new principal offices address, if applica	ıble:					
(Principal office address MUST BE A STREET		17100 N BAY RD APT 1507				
		SUNNY ISLES BEA	CH, FL 3	3160		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/o		17100 N BAY RD A SUNNY ISLES BEA	CH, FL	33160	of the new	
registered agent and/or the new registered of	fice address here	:		india.	-	
Name of New Registered Agent:	ROMAN BA	KLUNOV			ਸ ਨ	
New Registered Office Address:	17100 N BA	Y RD APT 1507			James .	
		Enter Florida street ad	idress	- X	g continue	
	SUNNY ISL		, Florida <u>'</u>	33460		
New Registered Agent's Signature, if changing R	legistered Agent:	City		D Zip Code St	E	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r	er and complete p stered agent as p	performance of my dutie, rovided for in Chapter 6	s, and I an 05, F.S. O	n familiar wi r, if this doc	ith and ument is	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

		Annager Authorized Member	MGR = M AMBR = A
Type of A	Address	<u>Name</u>	<u>Title</u>
Add			
□ Remov			
			
□ Remov			
□ Add			
□ Remove			
7			
Add			
AM 10: 54			
☐ Remove			

samending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
ffective date, if other than the date of filing: (optional) he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after he date this document is filed by the Florida Department of State)
Pated March 6 2015
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

15 MAR -9 AM 10: 54