

L15000019429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Stivers MAR 10 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 915A00004551

## 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:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**MIAMI FORTUNE 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 02/02/2015 and assigned  
Florida document number L15000019429.

This amendment is submitted to amend the following:

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

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)**

17100 N BAY RD APT 1507

SUNNY ISLES BEACH, FL 33160

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

17100 N BAY RD APT 1507

SUNNY ISLES BEACH, FL 33160

**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: ROMAN BAKLUNOV

New Registered Office Address: 17100 N BAY RD APT 1507

Enter Florida street address

SUNNY ISLES BEACH, Florida 33160

City

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STATE OF FLORIDA  
JAILORANGE COUNTY

**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

7 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 ALBANY, NEW YORK

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

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**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 MARCH 6, 2015

\_\_\_\_\_  
Signature of member or authorized representative of a member

ROMAN BRUKLUNOV

\_\_\_\_\_  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA