4500041002

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	





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SECURIARY OF STATE
SECURIARY OF STATE
AND TO PM 4: 00

NOV 12 2015 S. YOUNG

COVER LETTER

Division of Co				
DA MANA SUBJECT:	AGEMENT LLC			
SUBJECT.	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub			
	YURI TSYGANOV			
		Name of Person		
	YURI TSYGANOV PL			
		Firm/Company		
	3020 NE 32ND AVENUE	SUITE 222		
		Address		
	FORT LAUDERDALE FI	_ 33308		TALC 5
		City/State and Zip Code		三型電子
	YURILAW@GMAIL.COM	1 to be used for future annual report noti	(Cantion)	NOV 10
For further information of	concerning this matter, please c		neation)	ANY OF S
YURI TSYGANOV		954 9156665		PN 4: 00
Name o	of Person		ne Telephone Number	6 H 6
Enclosed is a check for t	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 Fe Certificate of S Certified Copy (additional copy)	itatus &

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

ت الله

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 records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 03/05/2015 and assigned	l
Florida document number L15000041002	
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 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)	_ _
	一百 -
	. <u></u> .
Enter new mailing address, if applicable:	<u>1</u> 0
(Mailing address MAY BE A POST OFFICE BOX)	를 교
	
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	e new S
Name of New Registered Agent:	
New Registered Office Address:	
Enter Floridu street address	
, Florida	
New Registered Agent's Signature, if changing Registered Agent:	
New Registered Agent's Signature, it changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi	th tha

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANASTASSIYA VOROKHOVA	1620 SE 1ST ST. FT. LAUD	■ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			TAddo G
			Remove 5 T
			Change O
			Remove O T
			Remove
			Change
			□ Add
			Remove
			Change
			□ Remove

, 11 4 11	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	• • • • • • • • • • • • • • • • • • • •) areas	
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- Dec		j O	,
(If an c Note	ctive date, if other than the date of filing:		
if the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:	
Date	d 11/05/2015		
	D. Cac		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00