## 00056118

(Re	equestor's Name)	
(Ad	dress)	<del></del>
(Ád	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u>.                                    </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800298266928

04/27/17--01028--021 \*\*60.00

K. SALY MAY -1 2017

## **COVER LETTER**

	legistration Servision of Con			
SUBJECT		C: remove a manager, add a nev	v manager	
		Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Mykola lakhymets		
			Name of Person	
			Firm/Company	
		2899 Collins Ave, Apt.70	1	
			Address	<del></del>
		Miami Beach/FL 33140		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further	information c	oncerning this matter, please ca	all:	
Mykola la	khymets		at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		,
\$25.00	Filing Fee	530.00 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)
		i		

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

2017 APP	TLED
SECRETAR ALLAHASS	27 AMII: 16 PY OF STATE EE. FLORIDA

ed Lability 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 \_\_\_\_\_ and assigned Florida document number L15 2000 56/18 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pavel Romashkin	2899 Collins Ave, Apt. 701	■ Add
		Miami Beach, FL 33140	☐ Remove
			☐ Change
MGR	Elena Shamina	2899 Collins Ave, Apt. 701	Add
		Miami Beach, Fl 33140	■ Remove
			Change
	<del></del>		□ Add
			☐ Remove
			☐ Change
<del></del>			A A SE
		• • • • • • • • • • • • • • • • • • • •	I ARR 27
		<del>, , , , , , , , , , , , , , , , , , , </del>	Change Change
	-		Om on Om
			□ Change
			□ Remove
			□ Change

	· · ·						
<u></u>					·	<del></del>	<del></del>
		<del>-</del>			· · · · · · · · · · · · · · · · · · ·		
		<u> </u>				<del></del>	<del></del>
						€	BIII NOR Z
							C. 19
		<del>, , , , , , , , _ , , , , , , , , ,</del>			····	<del></del>	P.P.
							500 B
					.,		SE F S
				·····	<del>.</del>		327
							77
							<u>.</u>
						<del> ,</del>	
				<del></del>			
<del></del>	<del></del>				· · · · · · · · · · · · · · · · · · ·	<del></del>	
an effectiv lote: If th	late, if other than the dedate is listed, the date must be date inserted in this bloce effective date on the Dep	be specific and o ck does not me	cannot be prior	to date of filing o able statutory fi	r more than 90 day	(optional) is after filing.) I is, this date w	Pursuant to 605.0207 ill not be listed as
	specifies a delayed h day after the reco		ate, but no	an effectiv	e time, at 12	:01 a.m. oi	n the earlier of
ated	21st of April		2017	<b>/</b> ·			
		ionature offe m	ember or suit of	rized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00