

L15000067076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

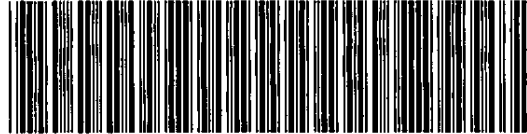
(Business Entity Name)

(Document Number)

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2015 NOV -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV -9 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8446 CARDINAL 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:

LUDMILA SHIMANOVSKY

Name of Person

8446 CARDINAL LLC

Firm/Company

193 SOUTH QUAKER LANE, UNIT 2

Address

WEST HARTFORD, CT, 06619

City/State and Zip Code

alex.shimanovsky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ludmila Shimanovsky

905 326 5870
at ()

Name of Person

Area Code

Daytime Telephone 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**

8446 CARDINAL LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/16/2015 and assigned
Florida document number L15000067076

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)

LUDMILA SHIMANOVSKY

17365 HOMEWOOD RD

FORT MYERS, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

193 SOUTH QUAKER LN, UNIT 2

WEST HARTFORD, CT

06119

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:

LUDMILA SHIMANOVSKY

New Registered Office Address:

17365 HOMEWOOD RD

Enter Florida street address

FORT MYERS

City

Florida 33967

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUDMILA SHIMANOVSKY	17365 HOMEWOOD RD	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL, 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONID SHIMANOVSKY	17365 HOMEWOOD RD.	<input type="checkbox"/> Add
		FORT MYERS, FL, 33968	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXEI SHIMANOVSKY	193 SOUTH QUAKER LN, UNIT	<input checked="" type="checkbox"/> Add
		WEST HARTFORD, CT	<input type="checkbox"/> Remove
		06119	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

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2018 NOV 16 PM 4:20
TALLAHASSEE
FLORIDA
CLERK OF DISTRICT COURT

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Nov 2nd 2015, 8pm

Signature of a member or authorized representative of a member

LUDMILA SHIMANOVSKY

Typed or printed name of signee