L16000089309

(Requestor's Name)		
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700276599557

09/03/15--01007--023 **25.00

SECRETARY OF STATE

TILED

SEP 0 4 2015

8 MASON

COVER LETTER

TO: Registration Section Division of Corporations	:
SUBJECT: MaB Business	Group LLC
Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
~	
Dmitric	y Lukyanenko
	Name of Person
M2B Bu	Siness Group Firm/Company
	Firm/Company
19330 Collin	ins Ave, apt 326
	Vidit 622
Sunay Is	City/State and Zip Code erwe @ smail. com (to be used for future annual report notification)
h 2/ 2-1	City/State and Zip Code
E-mail address:	erge w gmail. Com (to be used for future annual report notification)
For further information concerning this matter, please	
→ ', '	205 202 01 17
Name of Person	at (305) 383-64-54 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
	•
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MaB Business Gr	oup LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15 0000 88 30 S</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500 South Federal Highway
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 84, Hallandale Reach, FL, 33008
Enter new mailing address, if applicable:	500 South Federal Highway,
(Mailing address MAY BE A POST OFFICE BOX)	500 South Federal Highway, suite 84, Hallandale Beach, 71, 33009
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
 -	

Page 1 of 3

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
MGR	Dmirtriy Lukyanenko	500 South Federal Vighna	J, □ Add
		Suite 34, Kallandale	□ Remove
		Reach, FL, 33009	ld Change
MGR	Roman Sinyavsky	17100 Collins Ave, ste 208,	
		Sunny Isles Reach, Fl,	Remove
		33160	Change
MER	Tetiana Deneka_	300 South Federal Uight	May Add
		suite 84, Wallandale Read	4 ,_□ Remove
		FL, 33008	Change
			Remove
		·	Change
			□ Remove
			Change
		ECRET	Add
		SAN MA	ψ.
		mo	Remove
		STA	\$
		RAT	Change

f amend	ling any other information, enter change(s) here: (Attach additi	onal sheets, if necessary.)
_		
_		
		·
_		
		:
_		
_		
_		
		<u> </u>
Note: If locumer ne reco	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or in the date inserted in this block does not meet the applicable statutory filing it's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective doth day after the record is filed.	ng requirements, this date will not be listed as
Dated _	September, 1st, 2015.	
		20 SE
	Signature of member or authorized representative Drifting Lukyanen Typed or printed name of signee	e of a member
	Typed or printed name of signee	BE. FLOR
	Page 3 of 3	ATE SI

Filing Fee: \$25.00