

L15000112927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

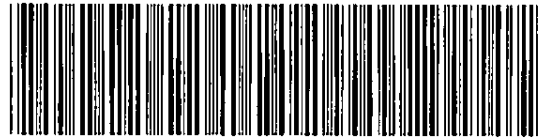
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900303609389

09/28/17--01002--001 \*\*25.00

K. SALY  
SEP 28 2017

FILED  
2017 SEP 27 AM 8:54  
CLERK OF COURT  
JULIA ASSESSOR

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 9/27/17  
\*\*WALK IN\*\*

ENTITY NAME Verzasca Management LLC

DOCUMENT NUMBER \_\_\_\_\_

\*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

X

Plain Copy

\_\_\_\_\_

Certified Copy

\_\_\_\_\_

Certificate of Status

\_\_\_\_\_

\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

\_\_\_\_\_

Certified Copy of Arts & Amendments

\_\_\_\_\_

Certificate of Good Standing

\_\_\_\_\_

\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\*

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 25.00

CHECK # 4080

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2017 SEP 27 AM 8:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

VERZASCA MANAGEMENT, 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 July 6, 2015 and assigned  
Florida document number L15000112927.

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

Florida

City

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	Timur Lobanov	1135 Kane Concourse	<input checked="" type="checkbox"/> Add
		6th Floor	<input type="checkbox"/> Remove
		Bay Harbor Island, FL 33154	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2011 SEP 27 AM 8:54  
 POLICE  
 1135 KANE CONCOURSE  
 6TH FLOOR  
 BAY HARBOR ISLAND, FL 33154

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

FILED  
2017 SEP 27 AM 8:54  
U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA


**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 (207 F.R.B.I.)

**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.

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

Dated September 24 1 . 2014



Byron Saul

Typed or printed name of signer