15000117302

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

Division of Co	orporations	
Wilton Pla	laza, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Jan Milestone, Esquire	
	Name of Person	
	Muroff, Milestone & Milestone	
	Firm/Company	
	2999 NE 191st Street, Suite 709	
•	Address	
	Aventura, FL 33180	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)
For further information	a concerning this matter, please call:	•
Jan Milestone	305 682-2324	
Name	e of Person Area Code Daytime Telepl	hone Number
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Wilton Plaza, 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 0.07/0.08/2015and assigned Florida document number _L15000117302 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 "LLC" 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

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
MGRM	Roman Cherstvov	16047 Collins Avenue, Unit 3304	Add
	·	Sunny Isles Beach, FL 33160 - US	Remove
			☐ Change
AMBR	PRC Investments and Management, LLC	16047 Collins Avenue, Unit 3304	Add
		Sunny Isles Beach, FL 33160 - US	□ Remove
			Change
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			Change
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e: If the date inserted in this b	block does not meet the appli	cable statutory filing req	uirements, this date	will not be listed
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	Signature of a member or auth	norized representative of a	member	Curs Curs
	Digitalia of a member of them			
Roman Cherstvov				ناً شدستگ معددین مسیح معددین مسیح

Page 3 of 3

Filing Fee: \$25.00