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COVER LETTER

TO: Registration Se Division of Cor			
TANRY, I			
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter	to the following:	
	Evan Kagan		
		Name of Person	
		Firm/Company	
	3098 Stirling Road, Suite 1	02.	
		Address	
	Hollywood, Fl. 33021		
		City/State and Zip Code	
	evankagan@gmail.com		
	E-mail address: (t	o be used for future annual report notifi	eation)
For further information of	concerning this matter, please ca	dl:	
Evan Kagan		95-4 383-4004	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

TANRY, L.L.C.		
(Name of the Limit	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I.	iability Company were filed on July 21, 20	and assigned
Florida document number L15000124991	<u> </u>	
This amendment is submitted to amend the foll	owing:	DIVIS T
The Articles of Organization for this Limited I. Florida document number L15000124991 This amendment is submitted to amend the foll A. If amending name, enter the new name of the new name must be distinguishable and contain the vector new principal offices address, if applied the interpretation of the principal office address MUST BE A STREET.	f the limited liability company here:	SION OF
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designation	1"LLC" or the abbreviate "Late."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	•	cords, enter the name of the nev
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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Siarhei Zavadski	900 N. FEDERAL HWY., STE 300	
		HALLANDALE, FL 33009	■ Remove
			□ Change
AMBR	Renata Doralieva	900 N. FEDERAL HWY., STE 300	■ Add
		HALLANDALE, FL 33009	□ Remove
			□ Change
			D Demove
			DI Remove P CORROCE AND REMOVE REMOVE
			Change
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Effective date, if other than the date of filing fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of States.	meet the applica	able statutory filing			
ne record specifies a delayed effective of The 90th day after the record is filed.		t an effective t	me, at 12:01	a.m. on the ear	lier of:
Dated June 12,	2017	1.			
F	Mulu	7			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00