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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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OCT 10 2016 J. HARRIS

COVER LETTER

Division of Corp			
CUDIECT.	Welcon	neinmiami (((
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Maks	1M Palamar Name of Person	chuk
		Name of Person	
	W	elcomein miam	ii LLC
		Firm/Company	
	22291 Wh	nistling pines	Ln
		Address	-
	Bo	City/State and Zin Code	
		City/State and Esp code	
	Maxim. Po	OKAMAR CHUK @ go	mail.com
	E-mail address: (t	o be used for future annual report not	fication)
For further information co	ncerning this matter, please ca	ill:	
Mausy	м	at (S61) 26C Area Code Daytin	3642
Name of	Person	Area Code Daytin	ne Telephone Number
	6.0		
Enclosed is a check for the			
□ \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

MAKSYM PALAMARCHUK 22291 WHISTLING PINES LANE BOCA RATON, FL 33428

SUBJECT: WELCOMEINMIAMI LLC

Ref. Number: L15000141871

We have received your document for WELCOMEINMIAMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 and 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00020524

16 OCT -5 AH 10+ 38

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on
A TO BY A ALL CONTRACTOR OF THE CONTRACTOR OF TH
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) Boca Raton FC 33428
(Principal office address MUST BE A STREET ADDRESS) BOCA KATON FC 33428
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Boca Raton FL 33428
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent: Mausym Palamarchuk
New Registered Office Address: 22291 Whistling Pines (n
Name of New Registered Agent: New Registered Office Address: Mausym Palamarchuk 2231 Whistling Pines in Enter Florida street address Buca Raton, Florida 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

Page 1 of 3

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35 KW

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗖 Remove
			Change
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			☐ Remove
			Channe

· • If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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an effe	ve date, if other than the date of filing:	5.02 <u>07</u> (3)(b)
Note: 1 locume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nt's effective date on the Department of State's records.	ed as the
		get -
e rec	ල ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	er.of:
The	90th day after the record is filed.	3.11 3.11
		•
Dated_	10/02/2016/	
	SHV (Vality)	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00