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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
DA REMO			
		Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitt	ted for filing.	
	ondence concerning this matter to the	-	
	ELENA SOSNOVSKAYA		
		Name of Person	
	ES ACCOUNTING SESRVIC	CES INC	
		Firm/Company	
	2200 NE 11 STREET		
		Address	
	HALLANDALE, FL 33009		
	LENOK69@HOTMAIL.COM	City/State and Zip Code	2015 NOV 30 SECRE IARY FALLAHASSE
	E-mail address: (to be	e used for future annual report notific	cation)
For further information of	concerning this matter, please call:		OV 30 P
ELENA SOSNOVSKA	YA	954 699-5969 at ()	<u> </u>
Name o	of Person	Area Code Daytime	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

DA REMO 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 ^{08/24/2015} and assigned Florida document number ____L15000144876 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOVIKOV LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." SAME AS ORIGINAL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME AS ORIGINAL 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

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> **Address** Type of Action <u>Name</u> **ROZA SAMIEVA** 300 S BISCAYNE BLVD MGRM **■** Add MIAMI, FL 33132 ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add **E**□ Remove ☐ Change □ Add ☐ Remove □ Change

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Note: If the date inserted in this blo document's effective date on the De	ock does not	meet the ap	plicable sta	tutory filing	requiremen	ts, this da	ite will n	ot be liste	ed as t
ne record specifies a delayed The 90th day after the reco	effective ord is filed	date, but	not an e	ffective ti	ne, at 12	:01 a.m	ı. on th	ne earlie	er of:
Dated NOVEMBER 23		2015							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00