11600000 1769

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		ENT IN MIAMI LLC	.*	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		YURY MOSHA		
			Name of Person	
		INVESTMENT IN MIAM	II LLC	
		-	Firm/Company	
		588 W FINGERBOARD F	RD	
		•	Address	
		STATEN ISLAND, NY 10	0305	
		•	City/State and Zip Code	
		YURYMOSHA@GMAIL.		
		E-mail address: (to be used for future annual report notifi	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
YURY MO	SHA		646 4770500 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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)
		NIG - PPPEG	omp npm/occupy	CD ADDRESS.

MAILING ADDRESS:

•

Registration Section

TO:

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

rs on our records.)
1/11/2016
I/11/2016 and assigned
ere:
designation "LLC" or the abbreviation "L.L.C."
2020 HAT
22
PH 15
n our records, enter the name of the ne
rida street address
, Florida

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>	Type of Action
MGR	MARKELOV, OLEG	3931 HOLIN LN	Add
	:	North Port, FL 34287	Remove
			☐ Change
MGR	OLIYNYK, SEGRII	3931 HOLIN LN	
		North Port, FL 34287	■ Remove
			☐ Change
MGR	KAZAKOVA, LIUDMILA	3931 HOLIN LN	
		North Port, FL 34287	Remove
			Change
MGR	PROSKURINA, LIUBOV	588 W. FINGERBOARD RD	
		STATEN ISLAND. NY 10305	Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change

				
-				
ote: If the date inserted in this	he date of filing: must be specific and cannot be prior block does not meet the applic Department of State's records	able statutory filing re	(optional) than 90 days after filing.) Purequirements, this date will	rsuant to 605.02 not be listed a
record specifies a delay The 90th day after the r	ved effective date, but no ecord is filed.	ot an effective tim	e, at 12:01 a.m. on	the earlier
nted	, 2020		n	
		i/V		
	Signature of a member or auth	orized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00