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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

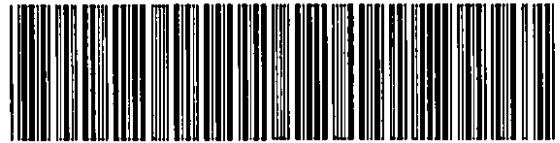
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

SUBJECT: INVESTMENT IN MIAMI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YURY MOSHA

Name of Person

INVESTMENT IN MIAMI LLC

Firm/Company

588 W FINGERBOARD RD

Address

STATEN ISLAND, NY 10305

City/State and Zip Code

YURYMOSHA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YURY MOSHA

646 4770500
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

INVESTMENT IN MIAMI LLC

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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>	<u>Type of Action</u>
MGR	MARKELOV, OLEG	3931 HOLIN LN	<input type="checkbox"/> Add
		North Port, FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OLIYNYK, SEGRIT	3931 HOLIN LN	<input type="checkbox"/> Add
		North Port, FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAZAKOVA, LIUDMILA	3931 HOLIN LN	<input type="checkbox"/> Add
		North Port, FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PROSKURINA, LIUBOV	588 W. FINGERBOARD RD	<input type="checkbox"/> Add
		STATEN ISLAND, NY 10305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.



Typed or printed name of signee