

8/27/2019

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H190002585003

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : BEST PRO SERVICES INC
 Account Number : 120140000068
 Phone : (727)504-1870
 Fax Number : (727)683-9500

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 AUG 27 PM 4:17

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 RIDES AND ATTRACTIONS FACTORY, LLC**

Certificate of Status	0
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10/2019 10/2019

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AUG 28 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RIDES AND ATTRACTIONS FACTORY, 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 01/29/2010 and assigned Florida document number L16000020928.

This amendment is submitted to amend the following:

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:

121 NE 34th street, unit 3015

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida, 33137

Enter new mailing address, if applicable:

121 NE 34th street, unit 3015

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida, 33137

2019/AUG 27 PM 4:17

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

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, 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>
AMBR	Sapogovskii, Aleksandr	2880 NE 26TH PL	<input type="checkbox"/> Add
		Fort Lauderdale	<input checked="" type="checkbox"/> Remove
		FL 33306	<input type="checkbox"/> Change
AMBR	Lucchese, Asia	133 NW 24 Street	<input type="checkbox"/> Add
		Wilton Manors, FL 33311	<input checked="" type="checkbox"/> Remove
		FL 33311	<input type="checkbox"/> Change
AMBR	ABRAMOV, MIKHAIL	121 NE 34th street, unit 3015	<input type="checkbox"/> Add
		Miami	<input type="checkbox"/> Remove
		FL, 33137	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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