L160000 24778

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	se #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200287781302

07/14/16--01017--005 **25.00



S Warren JUL 1 5 2016

COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT:	SHERRY, L.	L.C.		
SUDJECT:		Name of Limi	ted Liability Company	
		mendment and fee(s) are subr	_	
rease return	i an correspond	rence concerning this matter (o the following.	
			Name of Person	
		М	ALIKA KUTFITDINOVA	
			Firm/Company	
		183	33 S OCEAN DR., Ste 901	
			Address	
			Hallandale, FL 33009	
			City/State and Zip Code	
		F-mail address: (t	m 1095@list.ru o be used for future annual rep	nort notification
For further i	nformation con	cerning this matter, please ca	•	on nonneadony
	Name of P	erson	at () Area Code	Daytime Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 I	Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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**

	RY, L.L.C.						
(Name of the Limited Liability Comm (A Florida Limited	pany as it now appears on our records.) i Liability Company)						
The Articles of Organization for this Limited Liability Compan	y were filed on and as:	signed					
Florida document number L16000024778							
Γhis 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 Liab	oility 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)	* 12 13 11 13						
	建	1) 					
Enter new mailing address, if applicable:		Ш					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>					
	PATE O						
	A .						
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		of the					
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	, Florida						
	City Zip Code						

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>	Address	Type of Action
AMBR	MALIKA KUTFITDINOVA	1833 S OCEAN DR., Ste 901	■ Add
		HALKLANDALE, FL 33009	□ Remove
			Change
			□ Add
			Remove
			□ Change
		,	Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
		····	Remove
		 "2" "1" "1"	☐ Change
		 	न च
			F STATE Remove
			Change

,						
					<u> </u>	
				-	· · · · · · · · · · · · · · · · · · ·	
						_
						_
						_
						_
	<u> </u>	., .,				
		· · · · · · · · · · · · · · · · · · ·	····		<u> </u>	
						
						_
				(optional	l) g.) Pursuant to 6	605.02
ctive date, if other the	n the date of fi	ling: and cannot be prior to da	ate of filing or more than	90 days after filin		
e: If the date inserted in	this block does no	ot meet the applicable	ate of filing or more than statutory filing requir	rements, this dat	e will not be I	isted
e: If the date inserted in	this block does no	ot meet the applicable	ate of filing or more than statutory filing requir	rements, this dat	e will not be i	isted
e: If the date inserted in ament's effective date on ecord specifies a de	this block does no the Department of layed effective	ot meet the applicable of State's records. e date, but not ar	statutory filing requir	rements, this dat		
e: If the date inserted in ument's effective date on ecord specifies a dene 90th day after the	this block does no the Department of layed effective	ot meet the applicable of State's records. e date, but not ar	statutory filing requir	rements, this dat		
e: If the date inserted in ument's effective date on ecord specifies a dene 90th day after the	this block does no the Department of layed effective	ot meet the applicable of State's records. e date, but not ar	statutory filing requir	rements, this dat		
e: If the date inserted in ument's effective date on ecord specifies a dene 90th day after the	this block does no the Department of slayed effective e record is file	ot meet the applicable of State's records. e date, but not ar	statutory filing requirence of the statutory filing requirence of the statutory filing requirence of the statutory filing require	at 12:01 a.m	on the ear	rlier
ective date, if other that effective date is listed, the date: If the date inserted in ument's effective date on record specifies a define 90th day after the	this block does no the Department of slayed effective e record is file	e date, but not ared.	effective time, and depresentative of a me	at 12:01 a.m	on the ear	rlier

Filing Fee: \$25.00