

L16 0000028922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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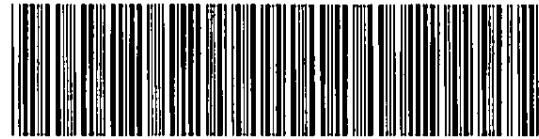
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLORIA CAPITAL MIAMI 2016 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:

DENYS LAPTIEV

Name of Person

Firm/Company

903 OSBORNE DRIVE

Address

SARASOTA, FL 34234-4333

City/State and Zip Code

*Laptiev.denys@gmail.com*

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

For further information concerning this matter, please call:

*Denys Laptiev*

Name of Person

at (786)

Area Code

389 - 9498

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLORIA CAPITAL MIAMI 2016 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 02/10/2016 and assigned  
Florida document number L16000028922.

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

903 OSBORNE DRIVE

SARASOTA

FL 34234-4333

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

903 OSBORNE DRIVE

SARASOTA

FL 34234-4333

**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: DENYS LAPTIEV

New Registered Office Address: 903 OSBORNE DRIVE

*Enter Florida street address*

SARASOTA

*City*

Florida 34234

*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>
MGR	DENYS LAPTIEV	903 OSBORNE DRIVE	<input checked="" type="checkbox"/> Add
		SARASOTA	<input type="checkbox"/> Remove
		FL 34234	<input type="checkbox"/> Change
AMBR	ALEXANDR KOZYREV	21-2 YASENOVA STREET	<input type="checkbox"/> Add
		APT 65	<input type="checkbox"/> Remove
		MOSCOW, RUSSIA, 115583	<input checked="" type="checkbox"/> Change
MR	DMITRY PONOMARENKO	1270 HATTERAS LANE	<input type="checkbox"/> Add
		HOLLYWOOD	<input checked="" type="checkbox"/> Remove
		FL 33019	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 04/23/2020, \_\_\_\_\_

Signature of a member or authorized representative of a member

DENYS LAPTIEV, manager

Typed or printed name of signee