

L16000081561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

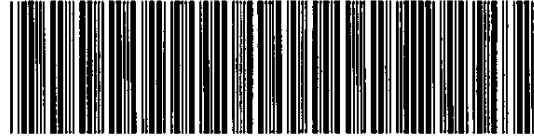
(Business Entity Name)

(Document Number)

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

AUG 29 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2 BOBRA, L.L.C.

\_\_\_\_\_  
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:

ANDREY PEROV

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

253 NE 2ND ST APT 2508

\_\_\_\_\_  
Address

MIAMI, FL 33132

\_\_\_\_\_  
City/State and Zip Code

ANDRUPAA@MAIL.RU

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

For further information concerning this matter, please call:

ANDREY PEROV

754 777-2149  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2 BOBRA, L.L.C.

(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 04/25/2016 and assigned  
Florida document number L16000081561.

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:

(Principal office address MUST BE A STREET ADDRESS)

253 NE 2ND ST APT 2508

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

253 NE 2ND ST APT 2508

MIAMI, FL 33132

**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:

ANDREY PEROV

New Registered Office Address:

253 NE 2ND ST APT 2508

*Enter Florida street address*

MIAMI

*City*

, Florida 33009

*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	IULIJA ISMAGILOVA	232 NE 12 AVE STE 304	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREY PEROV	253 NE 2ND ST APT 2508	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 AUG 2011 PM 1:50  
Remove  
Change  
Add  
Remove

[illegible]

(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.

Dated 24 AUGUST, 2016

Signature of a member or authorized representative of a member

**Filing Fee: \$25.00**

**SECRET**

16 AUG 26 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA