

L1600082979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

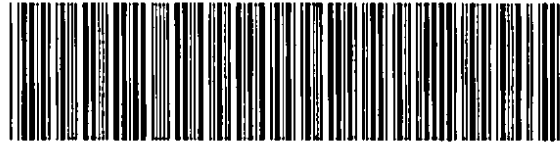
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800302498018

08/15/17--01003--030 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 14 P 4:32

FILED

PRUCE
AUG 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

SERGEY MAKHOTKIN
4617 12TH AVE SE
NAPLES, FL 34117

SUBJECT: 12TH AVE ACRES LLC
Ref. Number: L16000082979

RECEIVED
2017 AUG 11 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 12TH AVE ACRES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 617A000141

FILED
2017 AUG 14 P 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

O: Registration Section
Division of Corporations •

12th AVE ACRES LLC
SUBJECT: _____

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:

Sergey Makhotkin

Name of Person

Firm/Company

4617 12th ave SE

Address

Naples, FL 34117

City/State and Zip Code

sm@ccostarhouse.com

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

For further information concerning this matter, please call:

Sergey Makhotkin

239

2442433

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

RECEIVED
2017 JUL 10 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 AUG 14 P 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1703

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

12TH AVE ACRES 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 4/27/16 and assigned
Florida document number L16000082979.

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)

3135 Terrace AVE
Naples, FL 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
MGR	TD VOLTERA LLC	PUSHKINA STR 45V	☒ Add
		404112 VOLGOGRADSKAYA OL	☐ Remove
		VOLZHISKY RU	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2017 AUG 14 P 4:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2017 AUG 14 P 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

f 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 07/05/17

Signature of a member or authorized representative of a member

SERGIY N. KURKOVA

Typed or printed name of signee