L16000082779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RRUCE C
AUG 14 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FLORIDA

July 13, 2017

SERGEY MAKHOTKIN
4617 12TH AVE SE
NAPLES, FL 34117

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

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: 617A00014141

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# COVER LETTER

O: **Registration Section**
**Division of Corporations**

*UBJECT:* 12th AVE ACRES LLC
Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease 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@ecostarhouse.com
E-mail address: (to be used for future annual report notification)

r further information concerning this matter, please call:

rgey Makhotkin at (239) 2442433
Name of Person Area Code Daytime Telephone Number

closed 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

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903

# 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:** 3135 Terrace AVE
***(Principal office address MUST BE A STREET ADDRESS)*** 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:**

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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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | TD VOLTERA LLC | PUSHKINA STR 45V | ☒ Add |
| | | 404112 VOLGOGRADSKAYA OI | ☐ Remove |
| | | VOLZHSKY RU | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
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| | | | ☐ Change |

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

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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 08/05/11

_____
Signature of a member or authorized representative of a member

Sally A. Harrell
Typed or printed name of signee



**Filing Fee: $25.00**