

L16000111544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

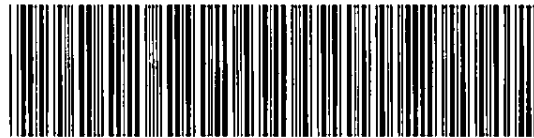
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800305383858

12/01/17--01012--029 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC -1 AM 9:38

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: APRILIS USA 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:

Daniel Doudnik

Name of Person

DD Corporate Services

Firm/Company

17501 Biscayne Blvd. Suite 420

Address

Aventura, Florida 33160

City/State and Zip Code

danield0303@gmail.com

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

For further information concerning this matter, please call:

Daniel Doudnik

305 932-8231

Name of Person

at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

APRILIS USA 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 06/09/2016 and assigned
Florida document number L16000111544.

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)

19201 Collins Ave., Unit 925

Sunny Isles Beach, Florida 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19201 Collins Ave., Unit 925

Sunny Isles Beach, Florida 925

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 Matyukhin

New Registered Office Address:

19201 Collins Ave., Unit 925

Enter Florida street address

Sunny Isles Beach

City

Florida 33160

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	MOSHA, YURY	2780 NE 183 Street, Apt 611	<input type="checkbox"/> Add
		Aventura, Florida 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PERMINOV, DMITRII	2780 NE 183 Street, Apt 611	<input type="checkbox"/> Add
		Aventura, Florida 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATYUKHIN, ANDREY	19201 Collins Ave., Unit 925	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, Florida 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATYUKHIN, ANDREY	2780 NE 183 Street, Unit 611	<input type="checkbox"/> Add
		Aventura, Florida 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 DEC -1 AM 9:38

SECRET
FALLAHASSET FIDROD

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.

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

Dated November 27 2017

Signature of a member or authorized representative of a member

Andrey Matyukhin, Member
Typed or printed name of signer

Typed or printed name of signee