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SECRETARY OF STATE DIVISION OF CORPORATIONS

N. CAUSSEAUX FEB 2 - 2018

## **COVER LETTER**

Division o	Corporations	
URSU SUBJECT:	ENTERPRISES LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Victor Ursu	
	Name of Person	
	URSU ENTERPRISES LLC	
	Firm/Company	
	8317 solano bay loop apt 1423	
	Address	
	Tampa/FL/33635	
	City/State and Zip Code	
	Nikoly9518@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informat	on concerning this matter, please call:	
Nicoleta Ursu	727 9026613 at ()	_
N	me of Person Area Code Daytime Telephone Number	_
Enclosed is a check	for the following amount:	
<b>\$25.00</b> Filing F	Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is	Status &

**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**



URSU	EN]	ΓERPI	RISES	LLC
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(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 In Florida document number L16000127723		vere filed on $\frac{0}{2}$	1.25.2017 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liabil	ty company h	nere:
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	8317 solano ba	y loop apt.1423, Tampa, FL, 33635
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			n our records, enter the name of the nev
New Registered Office Address:	8317 solano bay	loop apt 1423	
	**************************************	Enter Flo	orida street address
	Tampa		, Florida <sup>33635</sup>
		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>	Address	Type of Action
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AMBR	Victor Ursu	8317 solano bay loop apt 1423	Add
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Filing Fee: \$25.00