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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to I	Filing Officer:	

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AUG -1 2016 N. CAUSSEAUX

COVER LETTER

Div	ision of Corp	orations	•	
SUBJECT:	DEMIR LLC	2		
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	•
Please return	all correspon	ndence concerning this matter t	o the following:	
		ELDAR KHAZIROV		
			Name of Person	
		DEMIR LLC		
			Firm/Company	
		1724 ASTON HALL DR E		
			Address	
		JACKSONVILLE, FL 322	46	
			City/State and Zip Code	
		99ELDAR99@GMAIL.CO		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
ALLA GRA	NOVSKY C	PA	215 366-1092	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
	Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
\$25.00	rining rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Lim	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited I Florida document number L16000137094		
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	7
		28 HAS
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	BOX	200
		OR TE
3. If amending the registered agent and egistered agent and/or the new registered of	l/or registered office address on our office address here:	records, enter the name of the n
Name of New Registered Agent:	ELDAR KHAZIROV	
New Registered Office Address:		
	Enter Florida str	reet 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>	Address	Type of Action
MGR	ELDAR KHAZIROV	1724 ASTON HALL DR E	
		JACKSONVILLE,FL 32246	Remove
			Change
		_	Add
			Remove
			Change
			☐ Add GRemove.
			Ghange (1)
			Change
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			☐ Remove
			☐ Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and canno	• h = =====	(opt	ional)
te: If the date inserted in this block does not meet the tument's effective date on the Department of State's	e applicable statutory	y filing requirements, th	is date will not be listed a
record specifies a delayed effective date, he 90th day after the record is filed.	but not an effect	ive time, at 12:01	a.m. on the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00