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4AY 05 2017 J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ		ited Liability Co	
	(Name of Lim	ited Liability Cor	mpany)
The en	nclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Denis	s Fishman, Esq.	•	
	(Contact Person)		<del>-</del>
Denis	s Fishman, P.A>		
	(Firm/Company)		<del>-</del>
1920	E. Hallandale Beach Blvd., Ste 709	)	
	(Address)		_
Halla	ndale Beach, FL 33009		
	(City/State and Zip Code)		_
For fu	rther information concerning this matte	er, please call:	
Denis	s Fishman, Esq	305 at (	9319355
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	on of Corporations n Building		Division of Corporations P.O. Box 6327
	n Building Executive Center Circle		Tallahassee, Florida 32314
	nassee, Florida 32301		i wildingsvog i fortum Dab I 1

CR2E079 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSINKA, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	<u>appears on our records,</u> ) pany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L 16 000 16 1955</u> .	on $08/29/20/6$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny 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:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<b>3</b> 3	<del></del>
	ယ် ျှ	
Enter new mailing address, if applicable:	<b>PA</b> (2)	*E
(Mailing address MAY BE A POST OFFICE BOX)	2: <b>1.</b> 3: <b>1.8</b> 3:	<u> </u>
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of the	_ nev
Name of New Registered Agent:		_
New Registered Office Address:		
Eni	er Florida street address	
City	, Florida	_
New Registered Agent's Signature, if changing Registered Agent:		
	this amounts. I fouthous amounts a second second	1. 41

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>	Name	<u>Address</u>	Type of Action
AMBR	Ruslan Lebedenko	Mechnikova 18, #25	
		Kyiv, Ukraine 01021	Remove
			Change
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		ior to date of filing or more th licable statutory filing req		
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n effective date is listed, the date in te: If the date inserted in this cument's effective date on the record specifies a delay	Department of State's record ed effective date, but r		, at 12:01 a.m. or	the earlier
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n effective date is listed, the date in te: If the date inserted in this cument's effective date on the record specifies a delay he 90th day after the record specifies.	Department of State's record ed effective date, but record is filed.	not an effective time		

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