# L16000193087

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# **COVER LETTER**

| ŢO:     | Registration Se<br>Division of Cor |  |   |   |     |
|---------|------------------------------------|--|---|---|-----|
| SUBJ    |                                    | UL PARTNERS, LLC                             |   |   |     |
| 5000    | EC1                                | Name of Lin                                  | nited Liability Company   |   |     |
| The er  | nclosed Articles of                | Amendment and fee(s) are sub                 | omitted for filing.   |   |     |
| Please  | return all correspo                | ndence concerning this matter                | to the following:   |   |     |
|         |                                    | MARK GELMAN                                  |   |   |     |
|         |                                    |  | Name of Person  |   |     |
|         |                                    |  | Firm/Company  | <del></del>   |     |
|         |                                    | 1000 NW 159TH DI                             | RIVE  |   |     |
|         |                                    | <del></del>                                  | Address   | <del></del>   |     |
|         |                                    | MIAMI GARDENS,                               | FL 33169  |   |     |
|         |                                    |  | City/State and Zip Code   |   |     |
|         |                                    | SCAMPOS@MARK                                 |   | 2017<br>SEC   |     |
|         |                                    | E-mail address: (                            | (to be used for future annual report notific                        | ation)  | 7   |
| For fur | rther information co               | oncerning this matter, please c              | all:  | SECRETARY ALLAHASSE   | 9   |
| Ste     | ephen Campos, CF                   |  | 305 758-9288<br>at ()   | ַ בַּבַּ  | [ T |
|         | Name of                            | Person                                       | Area Code Daytime 1   | Felephone Number 2  | ٠   |
| Enclos  | sed is a check for th              | e following amount:                          |   |   |     |
| □ \$2   | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclo |     |

# 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

| AYGUL PARTNERS, LLC   |   |                           |
|---|---|---------------------------|
| ( <u>Name of the Limited Lia</u><br>(A Flo                    | bility Company as it now appears on our records.) rida Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability       | y Company were filed on 10/19/2016  | and assigned              |
| Florida document number L16000193087                          |   |                           |
| This amendment is submitted to amend the following            | -<br>;  |                           |
| A. If amending name, enter the new name of the l              | imited liability company here:  |                           |
| MAMMA'S CHEESE, LLC   |   |                           |
| The new name must be distinguishable and contain the words "I | 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 AD                 | DDECC)  |                           |
|   |   | <del></del>               |
|   |   |                           |
| Enter new mailing address, if applicable:                     |   |                           |
|   |   |                           |
| <u>(Mailing address MAY BE A POST OFFICE BOX)</u>             |   |                           |
|   |   |                           |
| •   |   |                           |
| 3. If amending the registered agent and/or re                 | gistered office address on our records, er  |                           |
| egistered agent and/or the new registered office a            | ddress here:  |                           |
|   |   | HAN THE                   |
| Name of New Registered Agent:                                 |   | 6) 70 — Final Co          |
| New Registered Office Address:                                |   |                           |
| Alex Registera Office Fiduress.                               | Enter Florida street address  |                           |
|   | , Florida   |                           |
| _   | City , Flot Ru  | 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>             | Type of Action  |
|--------------|------------------|----------------------------|---|
| MGR          | Dicuru, Jorge    | 1000 NW 159TH DRIVE, MIAMI | ■ Add   |
|              |                  |                            | Remove  |
|              |                  |                            | Change  |
| MMBR         | Zalsavsky, Mark  | 1000 NW 159TH DRIVE, MIAMI | ■ Add   |
|              |                  |                            | Remove  |
|              |                  |                            | ☐ Change  |
| MMBR         | Gelman, Mark     | 1000 NW 159TH DRIVE, MIAMI | Add FEB   |
|              |                  |                            | Remove Change   |
| AMBR         | Sanzyapov, Aygul | 1000 NW 159TH DRIVE, MIAMI | ORIV<br>CRITICAL CONTROL ORIVER CONTROL C |
|              |                  |                            | ■ Remove  |
|              |                  |                            | Change  |
| AMBR         | Sanzyapov, Oleg  | 1000 NW 159TH DRIVE, MIAMI | Add   |
|              |                  |                            | ■ Remove  |
|              |                  |                            | Change  |
|              |                  |                            | Add   |
|              |                  |                            | ■ Remove  |
|              |                  |                            | □ Change  |

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|   |   | <del></del>                                |
| . 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 Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records. | r more than 90 days after filing.) Purs | mant to 605.0207 (3<br>not be listed as th |
| document s effective date on the Department of State's records.   |   |  |
| the record specifies a delayed effective date, but not an effective b) The 90th day after the record is filed.  | e time, at 12:01 a.m. on t              | he earlier of:                             |
| Dated October 19 2016   |   |  |
| Son love  | 194                                     |  |
| Signature of a member or authorized representati  | •                                       |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Detail By Document Number /

# **Detail by Entity Name**

Florida Limited Liability Company AYGUL PARTNERS, LLC

## Filing information

**Document Number** 

L16000193087

FEI/EIN Number

NONE

**Date Filed** 

10/19/2016

Effective Date

10/18/2016

State

FL

Status

**ACTIVE** 

### Principal Address

1000 NW 159TH DRIVE MIAMI GARDENS, FL 33169

# **Mailing Address**

1000 NW 159TH DRIVE MIAMI GARDENS, FL 33169

# Registered Agent Name & Address

GELMAN, MARK 1000 NW 159TH DRIVE MIAMI GARDENS, FL 33169

### Authorized Person(s) Detail

Name & Address

Title AMBR

SANZYAPOV, AYGUL 1000 NW 159TH DRIVE MIAMI GARDENS, FL 33169

Title AMBR

SANZYAPOV, OLEG 1000 NW 159TH DRIVE MIAMI GARDENS, FL 33169

Title AMBR

MARKYS GROUP INCORPORATED

1000 NW 150TH DRIVE