# L17000002623

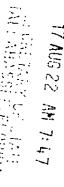
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# **COVER LETTER**

SUBJECT: Creen ray LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Elena Efremenko  Name of Person  (Sveen ray, LLC  Firm/rumpany	
GVEEN ray, LLC Firm/Kompany	
443 Jordan Stuart Cir # Z	.11
City/State and Zip Code  Elena. Lhai, few gunail. Com  E-mail address: (to be used for future angual report notification)	
E-mail address: (to be used for future angular report notification)	
For further information concerning this matter, please call:	
at () Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)}\$\sum \text{S60.00 Filing Fee, 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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)  Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1700002423}{}$	, , , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	443 Tordan Start Cir #211 Apopka, FL 32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	443 Jordan Stuard Cir # 211 Apopka, Fl 32703
registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
	Cay Sip Cade
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
<u>ambr</u>	Anton Näumchev	443 Jordan Stuart	<b>G</b> iR ⊠ Add
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			□ Change

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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing  ote: If the date inserted in this block does not meet the applicable statutory comment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ned August 11. 2017.	
Signature of a member or authorized represer	

Page 3 of 3

Filing Fee: \$25.00