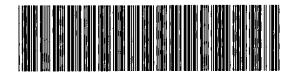
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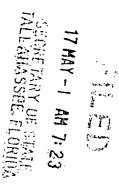
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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MAY 0 , 2025 J SHIVERS

COVER LETTER

TO: Registration S Division of Co					
DANRX, SUBJECT:					
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	STAN BERLA				
		Name of Person			
	STAN BERLA PA				
		Firm/Company			
	6801 LAKE WORTH RD STE 104				
		Address			
	GREEANCRES, FL 3346'	7			
		City/State and Zip Code			
	YANARX@YAHOO.COM		·		
For further information	ex-man address: (to be used for future annual report notifi all:	cation)		
STAN BERLA		561 9688571 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
™ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

		, Florida
New Registered Office Address:	Enter Florida street ad	idress
Nam Basistanad OSS Add		
Name of New Registered Agent:		
 If amending the registered agent and/or registered agent and/or the new registered office addresses 		ords, enter the name of the n
D. If amounting the projectored agent and/on project	ared office address on our res	ords enter the name of the n
		30.25 NO
Mailing address MAY BE A POST OFFICE BOX)		
• • • • • • • • • • • • • • • • • • • •		TO R M
Enter new mailing address, if applicable:		Sign 1 Production
	-	
Principal office address MUST BE A STREET ADDRI	<u> </u>	<u>. Þ</u> .o.
Enter new principal offices address, if applicable:		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ed liability company here:	
· ·		
This amendment is submitted to amend the following:		
Florida document number L17000011364		
The Articles of Organization for this Limited Liability Co	ompany were filed on 1/13/17	and assigned
(A Florida l	Company as it now appears on our re Limited Liability Company)	
	Company as it now appears on our re	corus.)

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	DANIEL MAZUROVSKIY	9481 MCANEENY CT	□ Add
		WELLINGTON FL 33414	■ Remove
			□ Change
MGR IC	IGOR MAZUROVSKIY	9481 MCANEENY CT	□ Add
	,	WELLINGTON, FL 33414	■ Remove
		 	Change
AUTH M ALEX	ALEXANDER MAZUROVSKY	346 AMBER ST	■ Add
		STATEN ISLAND, NY 10306	□ Remove
			Change
AUTH M	YEVGENIYA MAZUROVSKY	346 AMBER ST	⊒ Add
		STATEN ISLAND NY 10306	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change

04/25/2017 14:04

RECEIVED 04/26/201/ 14:22 0612004236 04/26/2017 14:39 7183393471

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MY BEST FOARMAUT PAGE 02/02 PAGE 02/02 TOOOS

D. It amending any :: r information, enter than you have (Amen additional shows, if necessary.) E. Effective date, five it was the claste of Hings:

(Can add the date it is the date many by specific and country by prive or date of filing or more from 90 days after filling.) Pursuant is 600,0207 (3)0

Norm: If the date it is it is block does not meet the applicable statutory filling requirements, this date will not be filled as the decentrant of State is records. (4)(D.0207 (B)(b) If the record specifier a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day: If if the record is med. Dated _... 2017 ALEXII II ER MAZUROVSKY Typed or pranted name of signer

> Page 3 of 3 Filing Fee: \$25.00