## L17000046916

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	<b>/</b> AIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

	gistration Sec ision of Corp			
UD IFCT.	BEL-AIRE	609 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Filipp Desyatnikov		
			Name of Person	
			Firm/Company	
		2527 East 29 street		
		• • • • • • • • • • • • • • • • • • • •	Address	
		Brooklyn, NY 11235		
			City/State and Zip Code	
		igor007@hotmail.com		
For further in	nformation co	e-mail address: () oncerning this matter, please ca	to be used for future annual report notificall:	- -
Filipp Desya	atnikov		718 690-0369	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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**

BEL-AIRE 609 LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record ida Limited Liability Company)	<u>(s.)</u>
he Articles of Organization for this Limited Liability	Company were filed on 2/28/2017	and assigned
lorida document number L17000046916		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		- FCC
Principal office address MUST BE A STREET ADI	DRESS)	### ## ## ### ### ### ### ### ########
		SEE 22 E
		FESTA CO
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		- 02 - 02
3. If amending the registered agent and/or reg	<u>.</u> .	s, enter the name of the n
egistered agent and/or the new registered office ac	<u>ldress here</u> :	
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:		
	Enter Florida street addres	is
	· · · · · · · · · · · · · · · · · · ·	orida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Register	red 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
AMBR	Filipp Desyatnikov	2527 East 29 street	<b></b> Add
		Brooklyn, NY 11235	Remove
			☐ Change
MGR	Anna Desyatnikov	2527 East 29 street	Add
		Brooklyn, NY 11235	■ Remove
			Change
MGR	lgor Desyatnikov	2527 East 29 street	Add
		Brooklyn, NY 11235	■ Remove
			Change
MGR Star	Stan Desyatnikov	2527 East 29 street	□ Add
		Brooklyn, NY 11235	■ Remove
			Change
			Add
		<del></del>	Remove
			□ Change
	- <u>.</u>	<del></del>	
			□ Remove
			Change

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ffective date, if an effective date is	listed, the date	must be specif	fic and o	cannot be	prior to	date of fil	ing or mo	re than 90	days after	filing.) Po	ursuant	to 605.	.0207
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Oated August 10		_		2017	1								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00