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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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TO: Registration Section Division of Corporations
SUBJECT: 62EA+ BARRACUDA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VALERII KHOROBRYKH Name of Person
GREAT BARRACUDA LLC
800 PINEHURST CIRCLE, # 821
PANAMA C; TY BEACH, FL 32407 City/State and Zip Code Valhorobryh a smail. com E-mail address: (to be used for theore annual report notification)
Valhorobryh a smaile.com E-mail address: (to be used for theire annual report notification)
For further information concerning this matter, please call:
VALERII K.HOROBRYKH at (850) 348 - 6683 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ Certificate of Status \& Cert
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCAT BY (Name of the Limited Link)	ARROUDD LLC ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on H-6-17 and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	2
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
	00
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Ciny 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR.	VALERII Khordory	Lh. 800 Pinehurst Circle	Add Add
	,	Panama City Bener	17 .32407 1 □ Remove
MGR	EDUALD Shulha	800 fine hurst-linele	□ Change } .
		BOD fine hurst-Circle	DRemove 7.
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	Page 2 o	of 3	

	amending:	
	Mending: Mew: MGR: Valevii Khorobryk. Reg. Agent: Valevii Khorob	4
	Reg. agent: Valerii Khorob	ryk.
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octiva	date, if other than the date of filing:	605.0207 (3
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	listed as th
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r effectiv <u>te:</u> If tl	s effective date on the Department of State's records.	
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n effectivite: If the cument	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eath day after the record is filed. $ \frac{O4 - 18 - 2017}{BUM} $ Signature of a member or authorized representative of a member	17

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Filing Fee: \$25.00