

L17000114291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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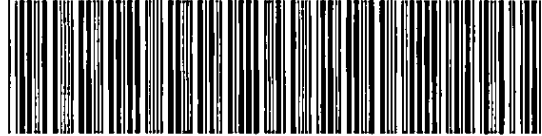
(Business Entity Name)

(Document Number)

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FILED
17 OCT 16 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2017

J. SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUGENIKA LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EUGENI NOUJINE
Name of Person

EUGENIKA LLC
Firm/Company

1109 N Federal Hwy Suite 2 L
Address

HOLLYWOOD FL 33020
City/State and Zip Code

EUGENIKA LLC @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENI at (954) 288-9290
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EUGENIKA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/23/2017 and assigned
Florida document number L 17000114291

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS**)

1109 N Federal Hwy
Suite 1#S
HOLLYWOOD FL 33020

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1109 N Federal Hwy
Suite 1#S
HOLLYWOOD FL 33020

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

17 OCT 16 AM 7:00
SECRETARY OF STATE
ALLAHABAD, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Page 2 of 3

17 OCT 16 AM
SECRETARY OF
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

10/01/2017

[Handwritten signature]

Eugene Novine