L17000117605

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
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DIVISION OF CORPORATION

N COOPER AUG 21 2018

COVER LETTER

TO: Registration So Division of Co			
Salmarich SUBJECT:	LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
1	Yevgeniy Danilov		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Salmarich LLC		
		Firm/Company	
	400 kings point dr. #1515		-
		Address	
	Sunny Isles Beach, Fl 3316	50	
		City/State and Zip Code	
	info@boater.pro		, , ; = , - -
		o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ill:	
Yevgeniy Danilov		305 7665958 at ()	
Name o	of Person		: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Fairig 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

Salmarich LLC							
(<u>Name of the Limi</u>	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)					
The Articles of Organization for this Limited L Florida document number <u>L17000117605</u>	iability Company were filed on $\frac{0}{2}$	05/30/2017 and assigne	d				
This amendment is submitted to amend the fol	owing:						
A. If amending name, enter the new name of	of the limited liability company l	<u>iere</u> :					
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 appli-	cable:						
(Principal office address MUST BE A STREE	<u> </u>	255±51 255±51					
1		6					
		A	<u> </u>				
		_ ? ?	785 785				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u>':</u>				
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the name of t</u>	he nev				
Name of New Registered Agent:	Yevgeniy Daniloy						
New Registered Office Address:	400 kings poit dr. #1515						
130 Higgistered Willie Fudicis.	Enter Florida street address						
	Sunny Isles Beach	, Florida _33160					
	City	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, 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>	<u>Address</u>	Type of Action
AMBR	LANGOLF, SERGEY	1945 SOUTH OCEAN DR.	 □ Add
1	-	APT 1112	≅ Remove
			- Remove
		Hallandale Beach, FL 33009	Change
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n effecti <u>te:</u> If t	date, if other ve date is listed, the date inserte 's effective dat	the date must be d in this block	specific an does not i	d cannot be meet the ap	prior to date o	of filing or mo tutory filing	e than 90 day	(optional) is after filing. ts, this date) Pursuant to 6 will not be li
	d specifies a Oth day afte	•			t not an e	ffective ti	me, at 12	:01 a.m.	on the ear
ted	08/10	0/2018							
				<u> </u>					
		Sign	nature of a	member or	authorized re	presentative o	f a member		

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Filing Fee: \$25.00