## 47000 208364

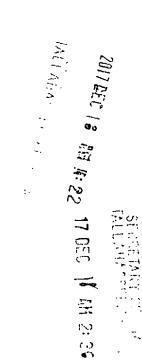
(Requ	iestor's Name)	
(Addr	ess)	
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PICK-UP	MAIT	MAIL
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(Doct	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration 8 Division of Co		۸ .	
	MVL5 LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Mikhail Chalankine		
		Name of Person	
	MVL5 LLC		
		Firm/Company	
	8668 Lineyard Cay		
		Address	
	West Palm Beach, FL 33	3411	
		City/State and Zip Code	
	odnolupa@outlook.com		<del></del>
		to be used for future annual report notif	ication)
For further information	concerning this matter, please co	ill:	
Mikhail Chalankine		561 309-4468 at ()	
Name	of Person	Area Code Daytins	e 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

MVL5 LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number L17000208364	ompany were filed on October, 09, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDR	ESS)	그 같아
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		N)
Chaining address mill Benties of Critical Bong	<del></del>	ယ္
		<del></del>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florid	a
	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	Mikhail Chalankine	8668 Lineyard Cay	<b>_</b>
		West Palm Beach, FL 33411	□ Remove
			Change
AMBR	Vera Chalankina	8668 Lineyard Cay	
		West Palm Beach, FL 33411	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
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			☐ Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to dote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.01 statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
December, 14 2017	
	d representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00