17000222702

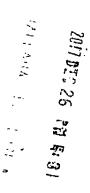
(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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DEC 27 2017 SULKER

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	ALSEVE LI	LC		
sobole i.		Name of Limi	ited Liability Company	
The enclose	d Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		YURY SMOLIYANINOV		
			Name of Person	
		ALSEVE LLC		
			Firm/Company	
		1690 SWEETBAY WAY		
			Address	
		HOLLYWOOD, FL 33019	9	
		alseve@yandex.ru	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		- :	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	ill:	
YURY SMO	OLIYANINO\		305 5908989 at ()	Telephone Number
	Name of	reison	Area Code Dayume	Telephone Number
Enclosed is	a check for th	e following amount:		
S25.00 I	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

ALSEVE LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
	pany were filed on 10/26/2017	and assigned
(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 10/26/2017 and assigned Florida document number 17/000222702 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter 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		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
		· · ·
		7
•		SS
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registere	d office address on our records,	enter the name of the ne
registered agent and/or the new registered office address	here:	* **
Name of New Registered Agent:		
Navy Registered Office Address		
New Registered Office Address.	Enter Florida street address	
	was -	
	, Flori	ida

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>	Name	Address	Type of Action
MGR	YURY SMOLIYANINOV	1690 SWEETBAY WAY	
		HOLLYWOOD, FL 33019	□ Remove
			Change
MGR	MILA WILLIAMS	2225 NE 123TH ST APT 109	<u></u>
		NORTH MIAMI, FL 33181	☐ Remove
			☐ Change
			Add
			DECAHASSEE. FLORIUM
			□ Change
			Remove
			Change
	*****		Add
			□ Remove
			☐ Change

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ctive date, if other than the date of filing: 12/21/2017	(optional)	
effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicab iment's effective date on the Department of State's records.	odate of filing or more than 90 days after filing.) Pursusole statutory filing requirements, this date will no	ant to 605.0 at be listed
ecord specifies a delayed effective date, but not nee 90th day after the record is filed.	an effective time, at 12:01 a.m. on th	e earlier
d DECEMBER 21 2017		
\mathcal{A}		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00