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(Requestor's Name) (Address) (Address)	200308415202
(City/State/Zip/Phone #)	01/29/1801031011 ★★30.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	18 JAN 28 PH 2: 49
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COVER LETTER TO: **Registration Section Division of Corporations LINVEST** C SUBJECT: 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: Li Minski Name of Pr Masking+ UC Fim/Com Name of Person E Bay Harbs City/State and Zin Code Skieli Camail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>305</u>) 778 - 5877 Area Code Daytime Telephone Number Enclosed is a check for the following amount: ₩\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$25.00 Filing Fee □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF	AMENDMENT
	ΓΟ
	ORGANIZATION
	OF
Minskinvest Uc	c
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	pany as it now appears on our records.) [Liability Company]
The Articles of Organization for this Limited Liability Company	y were filed on 12 28 2017 and assigned
Florida document number L 7000263671	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	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:	F
New Registered Office Address:	
	Enter Florida street address
	Florida
	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>		<u>Type of Action</u>
M6R	Sharon Minsti	99776	E Bay Herber De	- D Add
		Miami	EBay Harbor Dr 1, M2 33154	🗆 Remove
				Change
				Add
				Remove
				Change
				Add
				Remove
				Change
				Add
				C Remove
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				🗆 Add
				_ Remove
				_ Change
	Page	2 of 3		

D. If amending any other information, enter change(s) here: (Attack additional sheets, if necessary.)

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	55. 2
	(optional)
. Effective date, if other than the date of filing:	(optional) 🔂

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated Jenner, 21 Signature of a member or authorized representative Eli MinSki Typed or printed name of signee Signature of a member or authorized representative of a member Page 3 of 3

с,**у**

Filing Fee: \$25.00