

218600070441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

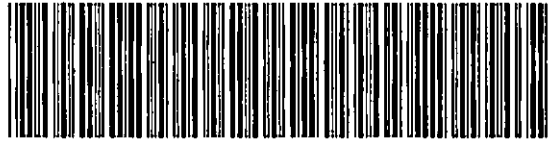
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
APR 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V.M.V LLC

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:

Viktor Shvalikovskiy

Name of Person

Firm/Company

3001 NE 185th Street, Apt. 516

Address

Aventura, FL, 33180

City/State and Zip Code

victorsh1@rambler.ru

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viktor Shvalikovskiy

305 335 0887

Name of Person

at ()

Area Code

Daytime 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**

V.M.V 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 MARCH 19, 2018 and assigned
Florida document number L18000070441.

This amendment is submitted to amend the following:

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

V.M.V. LLC

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)

3001 NE 185th Street

Apt. 516

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3001 NE 185th Street

Apt. 516

Aventura, FL, 33180

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Viktor Shvalikovskiy

New Registered Office Address:

3001 NE 185th Street, Apt. 516

Enter Florida street address

Aventura

City

Florida 33180

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>
MGR	Viktor Shvalikovskiy	3001 NE 185th Street	<input checked="" type="checkbox"/> Add
		Apt. 516	<input type="checkbox"/> Remove
		Aventura, FL, 33180	<input type="checkbox"/> Change
MGR	Margarita Shvalikovskiy	3001 NE 185th	<input checked="" type="checkbox"/> Add
		Apt. 516	<input type="checkbox"/> Remove
		Aventura, FL, 33180	<input type="checkbox"/> Change
MGR	Victor Shvaukovskiy	3001 NE 185th Street	<input type="checkbox"/> Add
		Aventura, FL, 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Margarita Shvaukovskiy	3001 NE 185th	<input type="checkbox"/> Add
		Aventura, FL, 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 APR 18 AM 1:23
JULIA RYAN STATE
TALLAHASSEE, FLORIDA


FILED
2018 APR 18 AM 11:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

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

Dated 3/13/18

Viktor Shvalikovskiy
Signature of a member or authorized representative of a member


Typed or printed name of signee