L18000099976

(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:		MIUM ESTATES, LLC				
SOBSECTI		Name of Limi	ted Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		DMITRY SHCHERBAKO	v			
			Name of Person	.		
		SHER PREMIUM ESTAT	ES, LLC			
			Firm/Company			
		I NORTH OCEAN BOUL	EVARD 303			
			Address			
		BOCA RATON, FL 33432				
			City/State and Zip Code		MILLANASS	
		KVOD703@GMAIL.COM	_		<u>P</u> . 75	1
		E-mail address: (t	o be used for future annual re	eport notification)	2 2	(years)
For further in	nformation co	oncerning this matter, please ca	11:		6.71	f ant
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 	Name of	f Person	Area Code	Daytime Telephone N		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclose	

MAILING ADDRESS:

TO:

Registration Section

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

	City	Zip Code	
_		, Florida	
	Enter Florida sti	reet address	
New Registered Office Address:			
Name of New Registered Agent:	A TO 1810		
		क्रिस् प्र	•
registered agent and/or the new registered office	address here:	7 T)
B. If amending the registered agent and/or		records, enter the name of	the 1
		2.5%	•
		27 27	<u>!</u>
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	CD C	
Enter new mailing address, if applicable:		NP NP	
Timesput office unutess mout DL/15110017			
Principal office address MUST BE A STREET A			
Enter new principal offices address, if applicable			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C	2.11
ALPHA PREMIUM ESTATES, LLC			
A. If amending name, enter the new name of the	e limited liability company here:		
This amendment is submitted to amend the following	ng:		
Florida document number L18000099976			
The Articles of Organization for this Limited Liabil		and assign	ned
	iability Company as it now appears on o lorida Limited Liability Company)		

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>	Address	Type of Action
AMBR	OXANA SHCHERBAKOVA	I N OCEAN BOULEVARD 303 BOCA RATON, FL 33432	<u></u> Ħ Add
			□ Remove
			☐ Change
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an effecti lote: If	ve date is listed the date inser 's effective d	d, the date m ted in this	ust be spec block doe:	ific and ca	annot be pet the ap	prior to da plicable	ate of filing statutory	or more filing re	than 90 d quireme	ays after nts, this	filing date	Pursi Will r	uant to 60 not be lis	5.0207 ted as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00