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

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COVER LETTER

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	gistration Sect vision of Corpo				
et:purct.		M VACATION LLC			
SUBJECT:		Name of Limi	ted Liability Company		, O
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
		inna erlikii			
			Name of Person		
		CORONA TAX SERVICE	S		
			Firm/Company		
		3800 S.OCEAN DR, STE	216		
		HOLLYWOOD, FL 33019	Address		
		101.1.1 4 (70), 11. 15017			
		INFO@CORONATAXUSA	City/State and Zip Code a.COM		
		E-mail address; ()	o be used for future annual repo	ort notification)	
For further i	nformation cor	icerning this matter, please ca	N:		
INNA ERL	IKH		954 64627° at ()	77	
	Name of I	erson		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	I) Certified	e of Status &

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



SUNSTREAM VACATION 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 Florida document number \$\frac{1.18000151463}{2.18000151463}\$	were filed on 06/20/2018 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	290 174TH STREET APT 708			
(Principal office address MUST BE A STREET ADDRESS)	N MIAMI BEACH, FL 33160			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent: Tair 1. New Registered Office Address: 290 17	Bekhruz 74/th Street apt 708 Enter Florida street address 21/11/bcach, Florida 33/60 City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	in the same of the			

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

Page 1 of 3

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	DYABKIN, SERGEY	19901 E. COUNTRY CLUB DRIVE, STE 405	
			Remove
	TAIR BEKHRUZ	290 174TH STREET APT 708	☐ Change
AMBR		N MIAMI BEACH, FL 33160	≅ Add
			Remove
			Change
			☐ Remove
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he 90	d specifies a delay Oth day after the r	ecord is filed.		an effective ti	me, at 12:01	La.m. on the	earlier
:ed	10/01/20	19					
		Signature of a r	nember or authoriz	zed representative	of a member		_
	TAIR	Bekk		name of signee			