118000271584

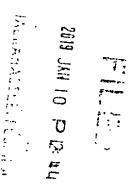
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



100322002541

01/10/19--01014--826 **25.88



JAM 16 COS T. LEMITON

COVER LETTER

TO:	Registration Se Division of Cor			
4111EN EF		TIN INVESTILLC		
SUBJI	.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ANTOINE GENDRE		
			Name of Person	<u></u>
			Firm/Company	
		302 S MAIN STREET SU	ITE 200	
		ROYAL OAK, MI 48067	Address	
		ameristargroupe@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	fication)
For fur	ther information co	oncerning this matter, please or	all;	
ANTO	INE GENDRE	Δ11.	954 849-8725 at ()	
	Name o	l Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2:	5,00 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:

TO:

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

(Name of the Limited Liability Comp.	inv as it now appears on our	records.)	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 11/21/2018	·	and assigned
Florida document number L18000271584			
This amendment is submitted to amend the following:		IA.	20
A. If amending name, enter the new name of the limited liab	ility company here:	7	2019
KOSTANTIN INVEST LLC		 ≯	-
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC;" or th	e abbyeviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		يَرْ	<u></u>
Enter new mailing address, if applicable:		<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)		_ .	
B. If amending the registered agent and/or registered o		ecords, <u>ent</u>	er the name of the
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		Florida	
	Cuy	_	Zıp 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

IGR = N MBR = A	Ianager Authorized Member		
<u>`itle</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove

_□ Change

From KONSTANTIN INVES Remove N from KONSTANT				
			<u>. </u>	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		·		
				
			·	
		<u> </u>	·	
<u> </u>				
				
fective date, if other than the o	date of filing:		(optional)	
fective date, if other than the on effective date is listed, the date must	be specific and cannot be prior to	o date of filing or more tha	n 90 days after filing.) Pursuant	Lio 605.020
ote: If the date inserted in this blo cument's effective date on the De		ble statutory fiting requ	irements, this date will not t	be listed as
emilian yeneenve ame vii me ize	partition of the control of the cont			
record specifies a delayed The 90th day after the reco		an effective time,	at 12:01 a.m. on the	earlier o
January 7th ted	2019			
ted	,	<u> </u>		
		,		
	Signature of a member or author	_ `		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00