

07/17/2019 12:43 PM FAX (954) 422-9336

SORSHER & ASSOCIATES

0001/0005

**L19000034621**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.  
Account Number : I20170000056  
Phone : (954)842-2931  
Fax Number : (954)842-2936

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SKIDKA\_MAME, L.L.C.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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A. LUNT

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19 JUL 17 PM 1:56

07/17/2019 12:43 PM FAX 9548422838

SORSHER & ASSOCIATES

0002/0005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKIDKA\_MAME, L.L.C.

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:

OSTROVSKII SERGEI

Name of Person

SKIDKA\_MAME, L.L.C.

Firm/Company

13899 BISCAYNE BLVD SUITE 149

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

ostrovskiys@gmail.com

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

For further information concerning this matter, please call:

OSTROVSKII SERGEI

857 383-1761

at ( )

Name of Person

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building

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TREASURY OF FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKIDKA\_MAME, L.L.C.

(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 07/17/2019 and assigned Florida document number L19000034621.

This amendment is submitted to amend the following:

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

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:

13899 BISCAYNE BLVD SUITE 149

(Principal office address **MUST BE A STREET ADDRESS**)

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

13899 BISCAYNE BLVD SUITE 149

(Mailing address **MAY BE A POST OFFICE BOX**)

NORTH MIAMI BEACH, FL 33160

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:

OSTROVSKII, SERGEI

New Registered Office Address:

13899 BISCAYNE BLVD SUITE 149

Enter Florida street address

NORTH MIAMI BEACH

Florida 33160

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

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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>
AMBR	OSTROVSKAYA, TATYANA	13899 BISCAYNE BLVD SUITE 149	<input type="checkbox"/> Add
		NORTH MIAMI BEACH	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OSTROVSKI, SERGEI	13899 BISCAYNE BLVD SUITE 149	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

19 JUL 17 PM

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F. 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.

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

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Ostrovskii, Sergei

Typed or printed name of signee