L19000080485

/0-	questor's Name)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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Amend

MAY 1 1 2019 I ALBRITTON

COVER LETTER

	egistration Sec ivision of Corp			
our ir or		NIKOV FAMILY TRUST LL	С	
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Andrew Feldman, Esq		
			Name of Person	
		Clear Title Services, Inc.		
			Firm/Company	
		1111 Kane Concourse, Sui	te 209	
		-	Address	
		Bay Harbor Islands, FL 33	154	
			City/State and Zip Code	
		Andy@cleartitleservices.co		Construction of the Constr
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Andrew F	eldman		305 865-5718 at ()	
<u></u> .	Name of	Person		Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00) Filing Fec	□ \$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

PANCHERNIKOV FAMILY TRUST LLC	
(<u>Name of the Limited Liability Company</u>) (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L19000080485	ere filed on March 22, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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:	. 10
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	_
-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the ne
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	Elavida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	Arkady Panchemikov	15901 Collins Ave #4004 Sunny Isles Beach, FL 33160	Add
			■ Remove
			Change
			Add
			Remove
			Change
			□ Remove
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	the specific and cannot be ock does not meet the a	applicable statutory fil	(option more than 90 days after fil ing requirements, this d	ing.) Pursuant to 605.020
e record specifies a delayed The 90th day after the rec	l effective date, bu ord is filed.	ut not an effective	time, at 12:01 a.i	m. on the earlier o
Pated April 24	2019			
Pane	herush	a		
	Signature of a member of	r authorized representati	ve of a member	

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Filing Fee: \$25.00