

LI9000113155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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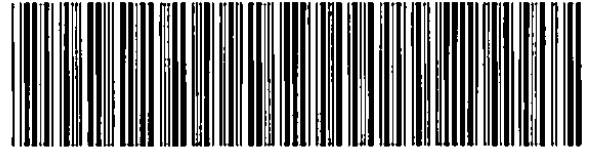
(Business Entity Name)

(Document Number)

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JUL 15 2019

*[Handwritten Signature]*

JUL 15 2019

I ALBRITTON

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMADEI MUSIC GROUP LLC  
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:

Madina Bahretdinova  
Name of Person

Firm/Company

20185 E Country Club Dr #1202  
Address

Aventura, FL 33180  
City/State and Zip Code

mbahretdinova@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madina Bahretdinova at (305) 610-2704  
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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
**ARTICLES OF ORGANIZATION**  
OF

Amadoi Music Group 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 were filed on 04/25/2019 and assign Florida document number L19000113155.

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:

(Principal office address MUST BE A STREET ADDRESS)

20185 E Country Club Dr

#1202

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20185 E Country Club Dr

#1202

Aventura, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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**

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
AMBR	IURI KOROL FIRST NAME LAST NAME	20185 E Country Club Dr #1202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
AMBR	ALEXEY KOMOV First name Last name	20185 E Country Club Dr #1202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
AMBR	BRONISLAV GORBACHOV First name Last name	20185 E Country Club Dr #1202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
MGR	Madina Bahretdinova First name last name	20185 E Country Club Dr #1202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change/
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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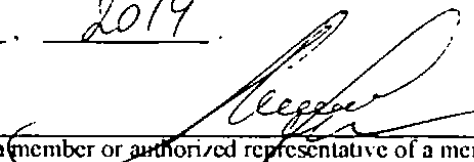
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(a) The date specified in the record.  
(b) The 90th day after the record is filed.

Dated 06/24/2019, 2019.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Madika Bakretdinova  
\_\_\_\_\_  
Typed or printed name of signee