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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
		
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Certified Copies	_ Certificates	of Status
	Filian Officer	
Special Instructions to	Filing Officer:	

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Amend

SEP I 1 EDIB ALBRITTON

TO:	Registration Sec Division of Corp		4	
SUBJE	ect:	1 411 1 47 7 6 6 Name of Limit	4666	. <i>p</i>
		Name of Limit	ted Liability Company	
The en	closed Anicles of A	amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	dence concerning this matter t	o the following:	
		Barra	Name of Person	udr
		SA_A	Firm/Company	<u> </u>
		2055 NIE 1	190714 27 AVEA Address	<u> </u>
		Micon	2 / F/ 33-150	
		SA BVIOLU E-mail address: (t	o be used for future annual report notif	Cation)
For fur	ther information co	ncerning this matter, please ca	ili:	
13	Name of	Alexson Person	at (<u>36.5) 46.5-</u> Area Code Daytime	ディジ2 Telephone Number
Enclos	ed is a check for th	e following amount:		
Ġ \$2	5.00 Filing Fee	☐ \$30.00 Fiting 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 ORGANIZATION OF

SAAVIATIO	N 44C	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our hability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>4.1900020689</u> 2.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity 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)	\mathcal{I}	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		: e: :20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter-Flörida street	address
		, Florida
	City	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 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

of Tellioved Holli our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
A <u>I1BR</u>	Serger Stillen	50 RABOCHAYA ST, 80	Add
		DOMODEDOVO, MOSCOW	Remove
		RECTON, RU. 142003,7	Change
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Effecti	ve date, if other than the date of filing: (optional)
(If an effe	ctive 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 605.0
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docume	ent's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
) The	90th day after the record is filed.
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	mb0/2010
Dated g	03/19/2019
	Barusor Recisords
	Signature of a member or authorized representative of a member
	·
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00