

L24000316 553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

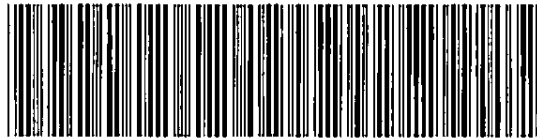
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L24000316

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPERIUM ASSET MANAGEMENT, 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:

DMITRY KHAUSTOVICH

Name of Person

IMPERIUM ASSET MANAGEMENT, LLC

Firm/Company

1833 S OCEAN DRIVE 407

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

KHAUSTOVICH@GMAIL.COM

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

For further information concerning this matter, please call:

DMITRY KHAUSTOVICH 646 338-4226
Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent


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> |
|--------------|------------------------------|--------------------------------------|--|
| <u>MGR</u> | <u>KOLENITCHENKO, DANIEL</u> | <u>2831 QUEENS COURTYARD DR</u> | <input checked="" type="checkbox"/> Add |
| | | <u>LAS VEGAS, NV 89109</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>KOLENICHENKO, ARKADII</u> | <u>BUILDING 2 NO.7 BLUEWATERS</u> | <input type="checkbox"/> Add |
| | | <u>BLUEWATERS, DUBAI, AE 47428-8</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
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(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)


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00