

M14 000000 2018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

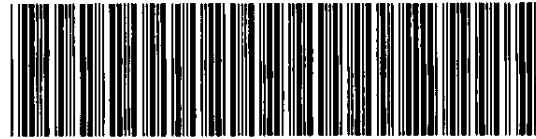
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



900292521619

11/28/16--01012--013 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC -5 A 11: 50

FILED

S Warren

DEC 06 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2016

CORONA TAX SERVICES INC
3800 S. OCEAN DR, SUITE 216
HOLLYWOOD, FL 33019

SUBJECT: ATAMAN IMPORT LLC
Ref. Number: M14000002018

We have received your document for ATAMAN IMPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 416A00025733

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M14000002018
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INNA VORONA

Name of Person

CORONA TAX SERVICES INC

Firm/Company

3800 S OCEAN DR STE 216

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ATAMAN IMPORT LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2013 DEC 5 A 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M14000002018

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 03/26/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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.

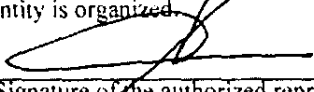
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PUGACHOVA, TETYANA	17150 N BAY RD, APT 2614	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
AMBR	PUGACHOV, SERGEY	17150 N BAY RD, APT 2614	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
AMBR	PUGACHOV, VIKTOR	17150 N BAY RD, APT 2614	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
AMBR	YAKUNIN, IAROSLAV	17150 N BAY RD, APT 2614	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Viktor Pugachov
Typed or printed name of signee

2018 SEP - 5 A 11: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED