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(Requ	uestor's Name)	-
(Addı	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer;	

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SCREPANCE SERVICE

ONVISED SECRETARY OF LATE

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COVER LETTER

TO: Registration Sec Division of Corp			
East West B SUBJECT:	rothers LLC		
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Aleksandr Aseyev		
	18 10-08	Name of Person	
	East West Brothers LLC		
		Firm/Company	
	2300 Allegheny In.		
		Address	<u> </u>
	North Port, FL 34286		
		City/State and Zip Code	<u>.</u>
	jorik2525@gmail.com		
	E-mail address: (t	to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	ıli;	
Aleksandr Aseyev		at () 2803837 Area Code Daytime T	
Name of	Person	Area Code Daytime T	Felephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East West Brothers LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our record ed Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number M18000004577	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3 S
(Principal office address MUST BE A STREET ADDRESS)		
	·	1 3
		ω :
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9.
	-	7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida

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

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
Owner Vladislav Zhuganov		317 Santurce ave.	⊟ ∧dd
		North Port, FI 34287	□ Remove
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Tective date, if other than the an effective date is listed, the date mus	date of filing:	asias to data of Glipp o	(option	ial)	5 02(
ote: If the date inserted in this blo	ock does not meet the a	oplicable statutory fi	ling requirements, this o	late will not be list	ed a
ocument's effective date on the De	epartment of State's rec	ords.			
record specifies a delayed	Laffactive data his	t not an officialis	n time at 12:01 a	an an tha an-ii	
The 90th day after the reco		t not an enective	: time, at 12.01 a.	m. on the earn	er (
June 29	2018	_			
11CU	·	<u> </u>		7	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00