160015015

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T GLASS MAY 3 1 2019

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: 5	ar-doors, c	om LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Maslikhov Name of Person	
	Star - Do	OVS, COM LLC Firm/Company	
	1800 Miccos	Sukee Common	S Dk, 906
	Tallahasse	2e Fl 3230 a	2019 HAY 30 AH 8: 3
	<u>admin</u>	D Star-doors. To be used for future annual report notif	COM =
			ication) — 5
	oncerning this matter, please co		-
<u> Yury</u>	Jaslikhou	at (917) 330 3	6609
Name of	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Stan-Doons. Com LLC	
(Name of the Limited Liability Company as it now appears on our records.)	

() E I CATALITATION			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 16000175015</u> .	ny were filed on <u>0</u> 9	119 / 201	6_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design:	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices 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) B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		records, enter t	APPROVED AN 8: the name of the ne
Name of New Registered Agent: New Registered Office Address:	Enter Florida st	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Yulia Maslikhava	·	Add
		1800 Miccosukee Commons	Remove
		dr, 906 , Tallahassæ, Fl, 32308	Change
MGRM Y	Yury Maslikhov	1800 Miceosukee Common dr, 906, Tallahassee,	∑b ∕Add
		Tt, 32308	□ Remove
			Change
		150	Q_Add
			Add Remove
		·	FILEO Chango
			_□ Remove
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Effective date, if other than the date of filing: $06/01/25$	OIQ (ontional	`
(If an effective date is listed, the date must be specific and cannot be prior to date of	iling or more than 90 days after filing	<i>t</i> g.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date	e will not be listed as
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective date, but not an effect the record is filed.	ective time, at 12:01 a.m.	on the earlier o
) The 90th day after the record is filed.		
Dated		
110.11		
Signature of a member or authorized tenre	sentative of a member	
Signature of a member or authorized reproduced in the second seco	estative of a memori	
Mulia Waslikhaun		
Typed or printed name of	signee	

Page 3 of 3

Filing Fee: \$25.00