## 117000223285

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/2.p/ Notice#)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJE	AKHMAD	JON RAKHMATULLAEV LI	LC	
30001	<u></u>	Name of Lim	nited Liability Company	<del></del>
		Amendment and fee(s) are sub	_	
		YULIYA PAVLUSENKO	)	
			Name of Person	<del></del>
			Firm/Company	
		4139 W VINE STREET S	TE 110	
		*	Address	
		KISSIMMEE FL 34741		
		yuliyafl1973@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
YULIY	YA PAVLUSENK	.0	407 729-48-61 at ( )	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

AKHMADJON RAKHMATULL	AEV LLC		
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	is it now appears on our records, ility Company)	)
The Articles of Organization for this Limited I	Liability Company we	re filed on 10/27/2017	and assigned
Florida document number L17000223285	·		
his amendment is submitted to amend the fol	Howing:		
a. If amending name, enter the new name	of the limited liability	company here:	
AKHMADJON RAKHMATULLAEV TRANSP	ORTATION LLC		
he new name must be distinguishable and contain the	words "Limited Liability (	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable: S	AME AS ON RECORDS	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	_	AME AS ON RECORDS	
B. If amending the registered agent and egistered agent and/or the new registered of		e address on our records,	enter the name of the i
Name of New Registered Agent:	SAME AS ON REG	CORDS	
New Registered Office Address:		. <u> </u>	<u> </u>
- <u>-</u>		Enter Florida street address	643
		, Flor	
		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.

nla	
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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
		······	Change
			□ Add
			Remove
			Change
			Add
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			Change
		<del></del>	Add
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ive date, if other than the o	date of filing: 11/01/2017	(opt	ional)
lective date is listed, the date must	be specific and cannot be prior to date sek does not meet the applicable s	of filing or more than 90 days after	r filing.) Pursuant to 605
ient's effective date on the De		addicty ming requirements, the	is date will not be liste
cord specifies a delayed	effective date, but not an	effective time, at 12:01	a.m. on the earlie
90th day after the reco	ord is filed.		
OCTOBER 30	. 2017		
	0 6		
	/ <b>/</b> /		

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Typed or printed name of signee

Filing Fee: \$25.00