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	Division of Cor	porations : (850)617-6383	· · ·	_
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From:			30	S
		: SORSHER & ASSOCIATES, LLC.	, in .	SEP
	Account Number	: I20170000056	: - ~ 5	_
	Phone	: (954)842-2931	4.4	_
	Fax Number	: (954)842-2936	100	
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ann	ual report maili	ngs. Enter only one email address ple	ase 🕶	_
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TO:

COVER LETTER

	Registration : Division of C		•	y
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SUBJEC	1:		nited Liability Compuny	Daytime Telephone Number Sectificate of Status &
The enclo	sed Articles o	of Amendment and fee(s) are su	binitted for filling.	
Please ret	urn all corresp	condence concerning this matter	to the following:	
		SOKOV, VIACHESLAV		
	Division of Corporations ITALWAX, L.L.C. Name of Limited Liability Compuny			
		ITALWAX, L.L.C.		
			Firm/Company	
		101 E HALLANDALE B	EACH BLVD.	
			Address	<u>. </u>
SOKOV, VIACHESLAV Nume of Person ITALWAX, L.L.C. Firm/Company 101 E HALLANDALE BEACH BLVD. Address HALLANDALE, FL 33009 City/State and Zip Code SALES@ITALWAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KUNTS, KONSTANTIN 760 898-0442				
Firm/Company 101 E HALLANDALE BEACH BLVD. Address HALLANDALE, FL 33009 City/State and Zip Code SALES@ITALWAX.COM				
		E-mail address:	to be used for future annual report noti	fication)
For further	information	concerning this matter, please o	all:	
KUNTS,	KONSTANTI	N		
	Name	of Person	Arca Code Daytim	e Telephone Number
Enclosed i	s a check for t	he following amount:		
■ \$ 25.00	Filing Fee		Certified Copy	

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

ITALWAY LIC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limites	d Liability Compa A Florida Limited L	ny as it now appears on our rec inbility Company)	ords.)	
The Articles of Organization for this Limited Lia Florida document number L18000262902	bility Company	were filed on	and assigned	
This amendment is submitted to amend the follow	wing:		SS 77.	
A. If amending name, <u>enter the new name of t</u>	the limited liabi	lity company here:	THE PER STATE OF THE PE	
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the designation "t	.L.C." or the appreviation "L.L.C."	
Enter new principal offices address, if applicat	ble:		11 年	
(Principal office address MUST BE A STREET	ADDRESS)			
		101 E WALLANDALE DE	ACU BI VI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	0 V 1	HALLANDALE BE		
THURSDAY DENTOST OF THE BY	<u>071,</u>			
B. If amending the registered agent and/or registered agent and/or the new registered officers.			rds, enter the name of the n	
Name of New Registered Agent:	KUNTS, KONS	TANTIN		
New Registered Office Address:				
		Enter Florida street ada	lress	
			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.

Kunk Konstantin

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>	Name	Address	Type of Action
AMBR	SOKOV, VIACHESLAV	101 E HALLANDALE BEACH BLVD.	
			Remove
			t. ☐ Change
AMBR	KUNTS, KONSTANTIN	101 E HALLANDALE BEACH BLVD.	

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