

2/15/2021

Division of Corporations

L2000032553C
Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LINDSTROM LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LINDSTROM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10/14/2020

The Articles of Organization for this Limited Liability Company were filed _____ and assigned on Florida document number L20000325530

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office 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

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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>	<u>Type of Action</u>
AMBR	KIRA GEKHT	2750 STICKNEY POINT ROAD, #109	<input type="checkbox"/> Add
		SARASOTA, FL 34231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMILIYA SHKLYAR	2750 STICKNEY POINT ROAD, # 109	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34231	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GENNADY GEKHT	299 ROBIN DR	<input type="checkbox"/> Add
		SARASOTA, FL 34236	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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