L22000519499

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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WALK IN

XX _.	PHOTOCOPY	
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XX	FILING	LLC AMEND
]	LLC AB LICENSE	
	(CORPORATE NAME AND DOCUMENT	`#)
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COVER LETTER

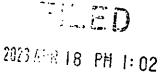
TO: Registration S Division of Co			
LLC AB I			
	Name of Lit	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter		
	EKATERINA KISSELEV	'A	
		Name of Person	
	EGK SOLUTIONS		
•		Firm Company	
	7901 4TH ST N STE 325		
		Address	
	ST PETERSBURG 33702		
		City/State and Zip Code	· ···
	INFO@EGKSOLUTIONS E-mail address:	COM to be used for future annual report n	otification)
For further information of	concerning this matter, please e		,
		727 214 2848	
Name (of Person	at () Area Code Dayti	ine Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed
Mailing Address		Street Address:	
Registration to Division of C	Corporations	Registration S Division of Co	
P.O. Box 632	.7	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LLC AB LICENSE

THE STATE

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

The Articles of Organization for this Limited Florida document number L22000519499	Liability Company	were filed on $\frac{1}{2}$	2/12/2022 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company h	ere:
AB LICENSE LLC			_
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company, the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl			T HOLLYWOOD FL US 33020
(Principal office address MUST BE A STRE	ET ADDRESS)		
		 -	
Enter new mailing address, if applicable:		2214 WILEY C	T HOLLYWOOD FL US 33020
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ess here:	ddress on our r	ecords, enter the name of the new registered
Name of New Registered Agent:	BELOVA, ALIS	Λ	
New Registered Office Address:	2214 WILEY (**	Γ	
		Enter Flor	ida street address
	HOLLYWOOD		, Florida ³³⁰²⁰
		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.

Alisa Belova
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>	Address	Type of Action
AMBR	BELOVA,ALISA	2214 WILEY CT HOLLYWOOD FL US 33020	
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			□Remove
			= Change
-			
			ElRemove
			Change
			Add
			∐Remove
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