

8/14/25, 9:33 AM

Division of Corporations

Florida Department of State
Division of Corporations
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(((H25000284593 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO
Account Number : I20220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KUSHCH ECCOMERCE LLC

Certificate of Status	0
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SECRETARY OF STATE
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TALLAHASSEE, FLORIDA

2025 SEP 15 PM 2:10

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COVER LETTER

(((H25000284593 3)))

TO: Registration Section
Division of Corporations

SUBJECT: KUSHCH ECCOMERCE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKHAIL KUSHCH

Name of Person

KUSHCH ECCOMERCE LLC

Firm/Company

3126 JOHN P CURCI DR STE 3

Address

HALLANDALE, FL 33009

City/State and Zip Code

INFO@MIACCOUNTING.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKHAIL KUSHCH

305 610 2704
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H25000284593 3)))

KUSHCH ECOMMERCE LLC

(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 Liability Company were filed on 12/05/2023 and assigned

Florida document number L23000540078

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:

8903 GLADES RD STE A8 #2157

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33434

Enter new mailing address, if applicable:

8903 GLADES RD STE A8 #2157

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33434

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:

MIKHAIL KUSHCH

New Registered Office Address:

8903 GLADES RD STE A8 #2157

Enter Florida street address

BOCA RATON

Florida 33434

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: (((H25000284593 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIKHAIL KUSHCH	8903 GLADES RD STE A8 #2157	☐ Add
		BOCA RATON, FL 33434	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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CLERK OF COURT
JULIA H. SHERIDAN
FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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J. E. McNEIL, JR., CLERK
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 14, 2025

Signature of a member or authorized representative of a member

MIKHAIL KUSHCH

Typed or printed name of signee

Filing Fee: \$25.00

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