L10 0000 88163

-		
(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	· #)
(3	.,rototo.z.pri none	- ''',
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
	ocument Number)	
(50	editient (valider)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J	
L		

Office Use Only



200329866792

05/29/19--01063--006 **25.00

RECEIVED
MAY 2.8 2019

R. WHITE.
JUN 12 2019



COVER LETTER

ro:	Division o					
211D 127	TECHNOFLEX LLC					
SUBJECT:			Name of Limi	ted Liability (ompany	
The encl	osed Articl	es of An	nendment and fee(s) are sub-	nitted for file	ing.	
Please re	turn all cor	respond	ence concerning this matter	to the follow	ing:	
			KRISTINA KATT			
				Name (f Person	
			TIGRAN LLC			
				Firm/C	ompany	
			304 INDIAN TRACE, STE 2	279		
				Add	ress	
			WESTON, FL 33326			
			KRISTINA.KATT@GMAIL.C		nd Zip Code	
			E-mail address: (t	o be used for	future annual report noti	fication)
For furth	er informa	tion con	eerning this matter, please ca	all:		
KRISTINA KATT		5 at (13 225-8813			
	N	ame of Po	erson	Ar	ea Code Daytim	e Telephone Number
Enclosed	l is a check	for the f	ollowing amount:			
■ \$25.	00 Filing F	ee	□ \$30.00 Filing Fee & Certificate of Status	Certit	Filing Fee & ied Copy nal 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECHNOFLEX LLC

2019 FAY 28 PM 5: 23

TECHNOFILEX LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it <u>now appears on our records.</u>) Liability Company)	., . i.
The Articles of Organization for this Limited Liability Company Florida document number 1.10000088163	were filed on	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	43 OBOLONSKYY AVE., OFFICE 331	
(Principal office address MUST BE A STREET ADDRESS)	KYIV, UKRAINE 04209	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the nev
Name of New Registered Agent:		··
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree	to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if	this document is
If Cha	nging Registered Agent, Signature of New Regis	tered Agent

If amendir or removed	g Authorized Person(s) authorized t d from our records:	o manage, enter the title, name, and address	of each person being added
MGR = MAMBR = MAMBR = MAMBR	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LANZA, TIFFANY NICOLE	15 COR. POINSETTA LANE & PARAKEET STR., BELIZE DIST., BELIZE	
			□ Remove
			■ Change
*			Add
			Remove
			□ Change
			D Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ b5A □
			Remove
			Change
			Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here	(Attach additional sheets, if necessary.)
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(ble statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated MAY 10TH 2019	A.
Signature of a member or author	ized representative of a member
KRISTINA KATT/AUTHORIZED PERSON	
Typed or printed	name of signee

Page 3 of 3

Filing Fee: \$25.00