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| (Red | uestor's Name) | |
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| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
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| TO: Registration Se Division of Cor | | | | | |
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| SUBJECT: | 1. S. EXF | DERTS, 22 | <u>.</u> C | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Levan a | Zhizhilashvi | ·/; | - | |
| | | Name of Person | | | |
| | | | | | |
| | | Firm/Company | | • | |
| | 9549 Pec | ky Cypress U | Vay | _ | |
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| | Levanchilea | Sugmail.com | | 100 20 20 |] = = |
| | E-mail address: (| to be used for future annual report notif | ication) | 17.7 | |
| For further information co | oncerning this matter, please co | all: | | ST. 2: | |
| Levan Zhiz Name o | hilashvili Person | at (407) 738 - Area Code Daytime | 2889 Telephone Number | \$7 5 | |
| | | | | | |
| Enclosed is a check for th | ne following amount: | | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

| U.S. EXPER | 2TS. LLC |
|--|--|
| | ompany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000039546</u> | pany were filed on $04/01/200$ and assigned |
| 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 I | 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 | 5) |
| | <u> </u> |
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| Enter new mailing address, if applicable: | 2 2 E |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | S1 2 |
| | 37 F |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | d office address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| <u> </u> | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | <u>ent:</u> |

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

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** Giorgi Lagvilava Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add 1.7 **P**□ Remove <u>-</u> Change ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

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| (If an effective date is Note: If the date | fother than the da slisted, the date must b inserted in this block live date on the Depar | e specific and can does not meet | not be prior to dat the applicable s | | | ling.) Pursuant to 60: | |
| | ifies a delayed e after the recor | | e, but not an | effective time | , at 12:01 a. | m. on the earli | er of: |
|) The 90th day | , , | , | | | | | |
| Dated II | 17/20, | <u>, </u> | ·, | 7 | | | |
| | | ynature of a more | Dee or authorized | 7 | nember | | |

Page 3 of 3

Filing Fee: \$25.00