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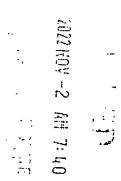
	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
surject: <u>R</u> US	Sian Will L Name of Limi	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Pin	JA KhaziN Name of Person	Α
	f	Canacla Dely Firm/Company	<u>5pa</u>
	467 U	lilma St	
		Address	
	Long	City/State and Zip Code Danacea of Ole 19 to 19	32779
	<u> </u>	City/State and Zip Code	. 1
-	E-mail address: (t	Danaceach OI of the used for future annual report n	rlando. COM otification)
For further information conc	erning this matter, please ca	H:	
Inna	Khazina	ar (407) 619	-4518
Name of Pe	rson		ime Telephone Number
Enclosed is a check for the f	ollowing amount:		
120\$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 Tallanassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ru	ssian Hi	LL LLC2022 HI	.), ' 97 -2 -4 11 7:40
(Manus of the Limite	Liability Company as it now a Florida Limited Liability Comp	appears on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Lia		on <u>7/13/2011</u>	and assigned
Florida document number	1334.	·	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the life of	ar LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company,"	" the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applical	ble:		
(<u>Principal office address MUST BE A STREET</u>	ADDRESS)		
.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on o here:	our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	P .	The state of the s	·
	Ente	er Florida street address	
	City	, Florida	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

II amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effo	ve date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	1D 28 2023. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee