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SUBJECT		LLC		
SCBSEC 1	•	Name of Lim	ited Liability Company	- "
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	ndence concerning this matter	to the following:	
		SEVERYN KOVALYSHI	N	
			Name of Person	
		MAKSAN LLC		
	MAKSAN LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: SEVERYN KOVALYSHIN Name of Person MAKSAN LLC Firm/Company 4975 CITY HALL BLVD., PO BOX 7013 Address NORTH PORT, FL 34286 City/State and Zip Code kovdana@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: RYN KOVALYSHIN Name of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee \$50.00 Filing Fee \$ Certificate of Status Certificed Copy Certificed Copy Certificed Copy Certificed Copy			
MAKSAN 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: SEVERYN KOVALYSHIN Name of Person MAKSAN LLC Firm/Company 4975 CITY HALL BLVD., PO BOX 7013 Address NORTH PORT, FL 34286 City/State and Zip Code kovdana@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SEVERYN KOVALYSHIN Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{S30.00 Filing Fee & Certified Copy (gadditional copy is enclosed)} \text{Certified Copy (certified Copy (gadditional copy is enclosed)} \text{Certified Copy (certified Copy (certified Copy (gadditional copy is enclosed)} \text{Certified Copy (certified Copy (certified Copy (gadditional copy is enclosed)} \text{Certified Copy (certified Copy (certified Copy (gadditional copy is enclosed)} \text{Certified Copy (certified Copy (certified Copy (certified Copy (gadditional copy is enclosed)} Certified Copy (certified Copy (c				
			Address	
		NORTH PORT, FL 34286		
			City/State and Zip Code	
		- -		
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
SEVERYN	N KOVALYSH	IIN		
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	_	Certified Copy	Certificate 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 OF

MAKSAN LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 08	/10/2012 and assigned
Florida document number L12000103364	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		五 五
		18 6 ED
Enter new mailing address, if applicable:		- F. S.
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		වීග න
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	SEVERYN KOVALYSHIN	
New Registered Office Address:	4975 CITY HALL BLVD	
	Enter Flo	rida street address
	NORTH PORT	, Florida ³⁴²⁸⁶
	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

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
MGR	BOHDANNA KOVALYSHYN	4975 CITY HALL BLVD.,	
		PO BOX 7013, NORTH PORT FL	Remove
		34286	☐ Change
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	th day after the record is filed. 3 20 20 8 Rw Skovalyhy Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00