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## **COVER LETTER**

Division of Cor	porations		
Mystic Min	erals		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yanko Findzhikov		
		Name of Person	
	Mystic Minerals LLC		
		Firm/Company	
	4809 S Orange Ave	, .	
		Address	
	Orlando, F1, 32806		
	filibeto@yahoo.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Yanko Findzhikov		321 7475532	
		at ( )	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres	ss:	Street Address:	

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

**Registration Section** 

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L.  Florida document number	iability Company		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liah	oility company here:	
N/A			202
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	
Enter new principal offices address, if applic	able:	N/A	17.2
Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		<del></del>
3. If amending the registered agent and/or in a second agent and/or the new registered office addresses.	6,1	address on our reco	rds, enter the name of the new res
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida s	street address
			, Florida Zip Code

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> MGR	<u>Name</u> Julie Ann Findzhikova	<u>Address</u> 4809 SOUTH ORANGE AVE	Type of Action
	Julie Allit I Bioglikova	4002 3007111 (MATINI, AVI)	
		ORLANDO, FL 32806	Z∏Remove
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ective date, if other than the date of filing:	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be liste
ument's effective date on the Department of State's recor	ds.
	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
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	uthorized representative of a member