L14000173873

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: J. HORNE SEP 13 202





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7022 SEP 12 AM 9: 09

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/12/2022	**WALK IN**
ENTITY NAME TANUKI	
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXXXXX	Plain Copy 7
	Certified Copy
	Certificate of Status
** /	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATI	ES REQUESTED
TOTAL OWED \$ 25.00—	ACCOUNT # 120160000072
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:	Registration Se Division of Cor			
SHRIE	TANUKI, I			
30032	CI		tited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	·
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Klara Fishman-Sitbon, Esc	q.	
			Name of Person	
		Law Offices of Fishman-S	Name of Person on, P.A. Firm/Company Address City/State and Zip Code See used for future annual report notification) at (
		***************************************	Firm/Company	
		80 SW 8th Street, FL 20		
		,	Address	
		Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Klara Fishman-Sitbon, Esq. Name of Person Law Offices of Fishman-Sitbon, P.A. Firm/Company 80 SW 8th Street, FL 20 Address Miami Beach, FL 33130 City/State and Zip Code kfishman@fsplegal.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: son at (305) 423-7077 Area Code Topytime Telephone Number for the following amount: the Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)		
SUBJEC The enclo Please ret Klara Fisi Enclosed		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
Klara Fi	ishman-Sitbon	•	,	
	Name of	Person		Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**



Tanuki, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(7) 101101 12	milea Blabiniy Company)		•
The Articles of Organization for this Limited Liability Cor Florida document number L14000173873	mpany were filed on $\frac{11}{2}$.	/07/14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	ere:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		our records, ente	er the name of the
New Registered Office Address:		ida street address	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered A		•	Zip Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age.	nplete performance of	my duties, and I an	i familiar with and

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	Nicola Oppo	1080 Alton Road	
	· · · · · · · · · · · · · · · · · · ·	Miami Beach, FL 33139	☐ Remove
			ПС
MGR	Volodymyr Kulikov	1080 Alton Road	P3 A 11
		Miami Beach, FL 33139	■ Remove
,			Change
			Add
			□ Remove
	·		☐ Change
		,	□ Add
	·		☐ Remove
			Change
	·		Add
			□ Remove
			□ Change
			CJ Add
	,		☐ Remove
			Change

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Fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ick does not meet the applicab	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Purs ments, this date will	suant to 605.020 not be listed a
record specifies a delayed The 90th day after the reco	effective date, but not a ord is filed.	an effective time, at	12:01 a.m. on t	he earlier o
September 12	2022			
· · · · · · · · · · · · · · · · · · ·				
	Signature of a member or authoriz			

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Filing Fee: \$25.00