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(Re	questor's Name)	
(Ad	dress)	2022
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SEGRETARY OF STATE
TALLAHASSEE FOR IN A

K.SALY EXMAINER APK 19

COVER LETTER

TO:	Registration Se Division of Cor			
	MEDEO-T	RANS LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
		(()		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Anatoliy Skuryatin		
			Name of Person	
		Medeo-Trans LLC		
Firm/Company				
		9840 Lakeside Lane		
			Address	
		Port Richey / Florida /346	68	
		Tonysk2012@Gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Anato	liy Skuryatin		941 202 9225	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
\$ 2	5.00 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:

TO:

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

TO ARTICLES OF ORGANIZATION OF

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registered office address on our	records, enter the name of the nev
ce address here:	
9840 Lakeside lane	
Enter Florida stre	et address
	Liability Company as it now appears on our Florida Limited Liability Company) Dility Company were filed on January20 January20 January20 January20 January20 As "Limited liability company here: ds "Limited Liability Company," the designation of the second of the

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.

City

Port Richey

If Changing Registered Agent, Signature of New Registered Agent

Florida 34668

Zip Code

or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2016 APR 18 PM 3= 54 **Address Title** Name **Type of Action** _ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

April 14, 2016 (optional effective date, if other than the date of filing: (If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. the 90th day after the record is filed.	
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Anatoby Sky Byotin Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00