# L15000036494

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

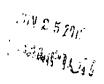


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SECRETARY OF STATE ALLAHASSEE, FLORID

15 JUN 23 AM 8: 42



# **COVER LETTER**

SUBJECT: AC	tive - Pro	n Aero	LLC	<del></del>
	Name of Limit	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	Sergey Li	Name of Person		
	Active-Pro	o Aevo	LLC	
	<b>-</b> 1	1 into Company		
	2528 EL.	Portal Av	e	
		Address		
	San Lovel F rusglide	2 32773		
		City/State and Zip Code		
	rusglide	ragmail.	COM	
	Exmail address: (to	be used or future annual re	port notification)	
For further information co	ncerning this matter, please cal	ll:		
0	/ /			
Jergen 1	Likyanov	at ( <u>321</u> ) <u>S</u>	7805	<u>43</u>
Name of	Person *	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section
Division of Corporations

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

Active - Pro (Name of the Limited Lia	Aero LLC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recording Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability		2015 and assigned
Florida document number <u>L 150000369</u>	94.	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	DRESS)	E 5 - 177
		AHE TO 2
		SSE SSE
Enter new mailing address, if applicable:		mig Z
(Mailing address MAY BE A POST OFFICE BOX)		S S S C
	·	RATE 2
		Þ
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

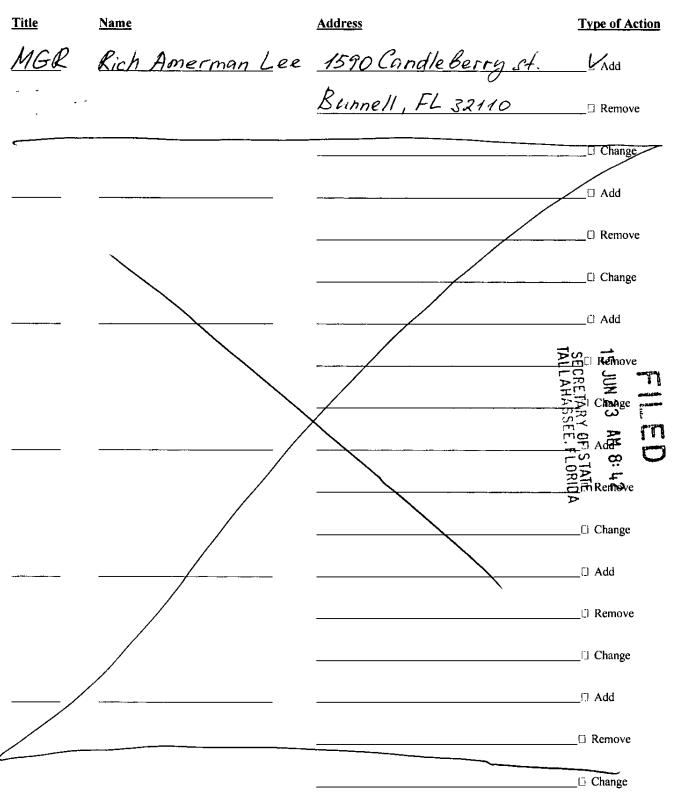
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

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