

L15000110822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

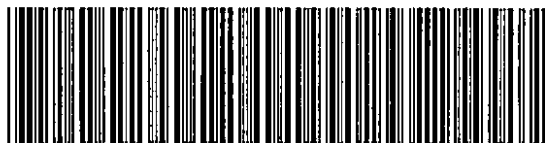
(Business Entity Name)

(Document Number)

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08/24/20--01030--026 \*\*25.00

2020 OCT 7 10:00 AM

C S A  
OCT 07 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anamaks, 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

Anamaks LLC

\_\_\_\_\_  
Firm/Company

4975 City Hall Blvd, P.O. Box 7013

\_\_\_\_\_  
Address

North Port, FL 34286

\_\_\_\_\_  
City/State and Zip Code

licentiae@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Severyn Kovalyshin

941 302 1299  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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**

ANAMAKS LLC

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

2020 JUN 24 P.M. 6:07

The Articles of Organization for this Limited Liability Company were filed on 06/25/2015 and assigned  
Florida document number L15000110822.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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

2020/08/26 PM 6:07

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE SEVBOKO INTERVIVOS DECLARATION OF TRUST, dated the 26th day of May, 2015, and any amendments thereto	4975 City Hall Blvd, P.O. Box 7013	<input type="checkbox"/> Add
		North Port, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE KOSMA INTERVIVOS DECLARATION OF TRUST, dated the 4th day of August, 2020, and any amendments thereto	4975 City Hall Blvd, P.O. Box 7013	<input checked="" type="checkbox"/> Add
		North Port, FL 34286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lesson 26 P. 6: 17

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 8 2020

S. Kovačević

Signature of a member or authorized representative of a member

Severyn

KOVALYSHIN

Typed or printed name of signee

**Filing Fee: \$25.00**