

L16 000106039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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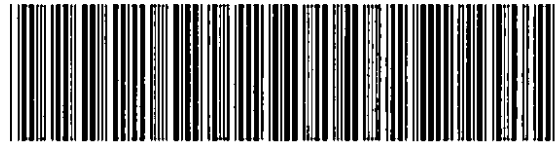
(Business Entity Name)

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANTIKA USA 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:

GARY GRANT, ESQ.

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

GRANT LAW CORPORATION, P.A.

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

1498 SW 5TH AVENUE

\_\_\_\_\_  
Address

BOCA RATON, FL 33432

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

[gary.grant@grantlawcorp.com](mailto:gary.grant@grantlawcorp.com)

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

For further information concerning this matter, please call:

GARY GRANT, ESQ.

954

304 3008

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**

ANTIKA USA LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 1, 2016

Florida document number L16000106039

2020 JUN 16 AM 7:25

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)**

GRANT LAW CORPORATION P.A.

1498 SW 5th AVENUE

BOCA RATON, FL 33432

**Enter new mailing address, if applicable:**

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

c/o GRANT LAW CORPORATION P.A.

1498 SW 5th AVENUE

BOCA RATON, FL 33432

**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:

GRANT LAW CORPORATION P.A.

New Registered Office Address:

1498 SW 5th AVENUE

*Enter Florida street address*

BOCA RATON

Florida 33423

*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.*

 / Gary Grant /  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANDREI DROBOT	52 VOSSTANIYA STREET	<input type="checkbox"/> Add
		KAZAN, NA. 420039 RU	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARY GRANT (as personal rep.)	GRANT LAW CORPORATION P.A.	<input checked="" type="checkbox"/> Add
		1498 SW 5TH AVE	<input type="checkbox"/> Remove
		BOCA RATON, FL 33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1. GARY GRANT, ESQ. IS THE COURT-APPOINTED PERSONAL REPRESENTATIVE OF THE ESTATE  
OF ANDREY S. PSHENICHNIKOV, DECEASED AMBR, ACTING PURSUANT TO FL. ST. 605.0504.

2. AMBR AND PERSONAL REPRESENTATIVE, GARY GRANT, ESQ. STATES THAT THE PURPORTED  
ARTICLES OF AMENDMENT OF THE ARTICLES OF ORGANIZATION OF ANTIKA USA LLC,  
FILED ON NOVEMBER 26, 2019, IS NULL AND VOID, WITHOUT LEGAL EFFECT WHATSOEVER.  
AS IN CONTRAVENTION OF FL. ST. 605.0504 AND OTHER STATUTORY LAW OF THE STATE  
OF FLORIDA.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 13 2020

Signature of a member or authorized representative of a member

GARY GRANT

Typed or printed name of signee