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COVER LETTER

***	ration Section on of Corporations	
SUBJECT: _	Mulh's kills LLC Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return a	correspondence concerning this matter to the following:	
	Sergii Kaidash Name of Person	
	Multiskills LLC Firm/Company	
	1990 NE 163rd Street, Suike 233	
	North Miami Beach, FL, 33162 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
Sergii	Name of Person	
Enclosed is a c	eck for the following amount:	
\$25.00 Fili	rig Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status & opy

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

(Name of the Limited Liability Company (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on <u>02/15/2017</u> an	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5 i.c.
		<u> </u>
		72
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		വ :
		(5)
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the na	ime of the new
Name of New Registered Agent: Ser	gii Kaidash	
New Registered Office Address: 1990 NE	gii Kaidash 163rd Street Suite & Enter Florida street address	27

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.

Af Changing Registered Agent, Signature of New Registered Agent

North Miami Beach Florida 33162

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
	 		
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	(optional) a prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be listoreds.
record specifies a delayed effective date, bu he 90th day after the record is filed.	It not an effective time, at 12:01 a.m. on the ear
ed Necember 5th 201	<u>/</u>
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Page 3 of 3

Filing Fee: \$25.00