(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

	egistration Se ivision of Cor			
SHRIFCT	OLECHKA	ALLC		
GODGLET	. •	Name of Lim	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Olga Solonenko		
			Name of Person	
		Olechka LLC		
			Firm/Company	······································
		500 S Federal Hwy Suite	421	
			Address	
		Hallandale Beach, FL 330	08	
		•	City/State and Zip Code	
		osolonenko@hotmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please c	all:	
Olga Soloi	nenko		754 423-8144 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

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

OLECHKA LLC		
(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) iability Company)	····
The Articles of Organization for this Limited Liability Company Florida document number L17000063375	were filed on March 20, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
OLECHKA BEAUTY LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	- A A	
		3 3 3 3 3 3 3 3 3 3
		第 機 (ω 編集)
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7- 3 30
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		33
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the new
egistered agent and/or the new registered office address here	•	
Name of New Registered Agent:	1 A	
New Registered Office Address:		
	Enter Florida street address	
	, 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		□ Add
			□ Remove
			□ Change
			
		-	П Remove
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Olga Solo		Tuned or	printed name of sig	mee		MAR 31 PM	K 97 80
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	Signatu	re of a member or	authorized represe	ntative of a member	er	7 MA	1
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March 28		, 2017					
The 90th day a	fter the record is	filed.	. Hot all click	ave anne, at .		ane came	.ı U
	s a delayed effec			tive time at :	12:01 a.m. on	the earlie	er (
an effective date is list ote: If the date ins	ed, the date must be spece erted in this block doe date on the Departme	cific and cannot be s not meet the a	oplicable statutor	ng or more than 90 y filing requirem	days after filing.) Pr	arsuant to 605.	.020 :d a
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Filing Fee: \$25.00