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(Re	equestor's Name)	«.
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TALLAHASSEE, FLORIDA

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COVER LETTER ..

CUDICAT.	PRESIDENT A	A&S LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return	all corresponde	ence concerning this matter t	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
	-	E-mail address: (t	o be used for future annual report notifi	cation)
For further in	nformation conc	erning this matter, please ca	ıll:	
EVGENY S			844 295-1031 at ()	
	Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the f	ollowing amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section
Division of Corporations

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

PRESIDENT A&S LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 03/20/2017	and assigned
Florida document number L17000063572			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		4701 N FEDERAL HWY	
(Principal office address MUST BE A STREET ADDRESS)		POMPANO BEACH, FLORIDA 33064	18 TAL
			APR
Enter new mailing address, if applicable:		4701 N FEDERAL HWY	ARY ASSE
(Mailing address MAY BE A POST OFFICE BOX)		POMPANO BEACH, FLORIDA 33064	3
			STATE LORIDA 6: 56
B. If amending the registered agent and registered agent and/or the new registered of			
Name of New Registered Agent:	EVGENY SHELUKHO		
New Registered Office Address:	4701 N FEDER	RAL HWY	
		Enter Florida street address	
	POMPANO B	, Fiorida	4
		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
AGENT	SHUKLIN, ANDREY	500 THREE ISLAND BLVD	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and ca	(optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	05.020
<u>lote:</u> If the date inserted in this block does not mee ocument's effective date on the Department of States.	ne applicable statutory filing requirements, this date will not be lis	sted as
	•	
e record specifies a delayed effective dat The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earl	lier o
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ated APRIL 5TH	. ,	
K	agnes Shehall	

Page 3 of 3

Filing Fee: \$25.00