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(Requestor's Name)	
(Address)	300342278813
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(City/State/Zip/Phone #)	
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COVER LETTER

Division of Corporat	ions	
subject: <u>A</u> me	pican Priority Service LLC Name of Limited Liability Company	
The enclosed Articles of Amer	dment and fee(s) are submitted for filing.	
Please return all correspondent	e concerning this matter to the following:	
_	Elena Filatova Name of Person	
SUBJECT: American Profession Service L-LC 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: Elena Filatora		
<u> </u>		
_		
Eleva Fila Name of Pers	tova at 772 3241669 Area Code Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy	
Mailing Address:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RECEIVED

APR 0 9 2020

ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>しまそののOS+6の</u> の	rere tiled on <u>OUI II 2014</u>	_ and 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 abbre	
Enter new principal offices address, if applicable:	P.U.	2020
(Principal office address MUST BE A STREET ADDRESS)	PAR H	III A
	Since	<u>C</u> 5 ;
	틧	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		ርባ
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name o	of the new registere
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am fan	iiliar with and

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
MGR	Boris Filator	1850 S Ocean los	DAdd
		apt 3609 Halloudale	□ Remove
	_	Beach, FC, 33009	🗆 Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
		- ALLAHA	Change Remove Change Change
	SSE	Remove	
		LORID,	Remove
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Tective date, if other than the date of filing:	(optional)	405 N707
in effective date is listed, the date must be specific and cannot be prior to date of filing one: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be	listed as
ocument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a	ı.m. on the earlier of: (b) The 90th day :	ifter the
is filed.		
signature of a member or authorized represent		
(1) information		_
Signature of a member or authorized represent	tative of a member	
_ •		