

L17000117985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

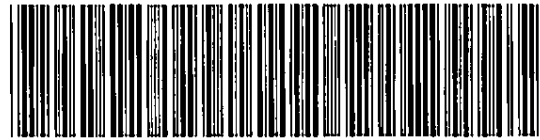
(Business Entity Name)

(Document Number)

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05/01/13--01011--010 **25.00

FILED
2013 MAY -1 P 3:32
TALLAHASSEE, FLORIDA

MAY 1 / 2013
T. LEMUEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HKEEPER US,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:

SVETLANA UDALOV

Name of Person

HKEEPER US, LLC

Firm/Company

830 LEE ROAD

Address

ORLANDO, FL 32810

City/State and Zip Code

lana.u@hkeeper.us

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

For further information concerning this matter, please call:

SVETLANA UDALOV

305 915 4716
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

HKEEPER US, LLC

2019 MAY -1 P 3:32

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

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/30/2017 and assigned
Florida document number L17000117985.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HKEEPER GLOBAL, LLC

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:

830 LEE ROAD ORLANDO, FL 32810

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

830 LEE ROAD ORLANDO, FL 32810

(Mailing address MAY BE A POST OFFICE BOX)

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:

SVETLANA UDALOV

New Registered Office Address:

830 LEE ROAD

Enter Florida street address

ORLANDO

City

Florida 32810

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.

S. Udalov

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>
MGR	ALEXANDER UDALOV	830 LEE ROAD ORLANDO, FL 32810	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SVETLANA UDALOV	830 LEE ROAD ORLANDO, FL 32810	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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.

(b) The 90th day after the record is filed.

Dated APRIL, 26 2019

S. Hilalov

Signature of a member or authorized representative of a member

SVETLANA UDALOV

Typed or printed name of signee