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S. YOUNG

COVER LETTER

TO:		istration Se- ision of Cor			
		Harats pub l			
SUBJI	ECT:		Name of Limi	ited Liability Company	
The en	nelosec	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	returr	i all correspo	ndence concerning this matter	to the following:	
			Yury Denisenko		
				Name of Person	
			Harats pub LLC		
				Firm/Company	
			1800 NE 171ST St		
				Address	
			NORTH MIAMI BEACH	FL 33162-3004	
			denisenko0550@gmail.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report no	otification)
For fu	irther i	nformation c	oncerning this matter, please ca	ill:	
Denis	enko ^y	fury		305299018	
		Name o	ř Person	at () Area Code Dayti	me Telephone Number
Enclos	sed is	a check for th	ne following amount:		
		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 tadditional copy is enclosed)
		Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUI Registration Sect Division of Corp Clifton Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARAT'S PUB LLC .		-2
	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000155046</u>	ny were filed on july 19 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ente</u> <u>ere</u> :	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		Zip Code
mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: what name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the able new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS; new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX; f amending the registered agent and/or registered office address on our records, enterered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	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
AMBR	YURY KHOVANSKIY	RUSSIA, KRASNOGORSK. ILINSKY St. B 2A - 97	■ Add
			Remove
			☐ Change
			□ Remove
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ective date, if other than the da effective date is listed, the date must b e: If the date inserted in this block	e specific and cannot b	e prior to date of film	g or more than 90 days	s after filing.) Pursuant s, this date will not l	to 605.020 he listed a
ument's effective date on the Department	irtment of State's re	cords.	, mme requirement	, ma date will here	oc maca a
record specifies a delayed e he 90th day after the recor	effective date, bu	ut not an effect	tive time, at 12:	01 a.m. on the	earlier o
he your day after the recor	a 15 mea.				
ed NOVEMBER 27	2019				
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Filing Fee: \$25.00