## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210003338493)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONEY KITCHEN, L.L.C.

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September 9, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

MONEY KITCHEN, L.L.C. 900 N FEDERAL HWY 306 HALLANDALE, FL 33009

SUBJECT: MONEY KITCHEN, L.L.C.

REF: L17000211119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Valerie Herring Regulatory Specialist III

FAX Aud. #: H21000333849 Letter Number: 921A00021705 TO:

## **COVER LETTER**

TO: Registration S Division of Co.	ection rporations	
SUBJECT:	MONEY KITCHEN,	IL.C.
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fcc(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	NOVOSSEL	OV, MIKHAIL
		Name of Person
	MONE	EY KITCHEN, L.L.C.
		Firm/Company
	900 N FEDE	RAL HWY STE 306
		Address
	HALLANDA	LE, FL 33009
		City/State and Zip Code
	mikhail.novo	osselov@gmail.com
	E-mail address: (	(to be used for future unnual report notification)
For further information of	concerning this matter, please c	eall:
NOVOSSEL	OV, MIKHAIL	at () Area Code Daytime Telephone Number
Name o	of Person	at ()  Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Section
Registration Division of (		Registration Section Division of Corporations
P.O. Box 633	27	The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONEY KITCHE		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000211119	Company were filed on10/12/2017 ar	nd assigned
	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
IISI, L.L.C.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviati	
Enter new principal offices address, if applicable:	- λυ 	2021
(Principal office address MUST BE A STREET ADD	DRESS)	38
	<u></u>	<u> </u>
	ان ا	9 1
Enter new mailing address, if applicable:	<u> </u>	A
(Mailing address MAY BE A POST OFFICE BOX)	08	<b>.</b> .
	ار در	690
H. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	red office address on our records, <u>enter the name of the</u>	e new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street adchess	
	, Florida	
<del></del>		Code
New Registered Agent's Signature, if changing Registe	red Agent:	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to I complete performance of my duties, and I am famili. I agent as provided for in Chapter 605, F.S. Or, if this ered office address, I herehy confirm that the limited ge.	r with and document is
		<u> </u>
	If Changing Registered Agent, Signature of New Registere	u Agent

If amending	. g Authorized Person(s) authorized to n from our records:	ranage, enter the title, name, and addre	ss of each person being adde
MGR = N	<del></del>		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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			Remove
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			□ Change
			∐Remove
			Change

			Mikhail Nor Ta member or auth	vossolov orized representativ	e of a member	žý.	-	-9 AM
Dated	09/09			<u> </u>		注意	<u>.</u> ,	2021 SEP - 9
he record s ard is filed		ctive date, but r	iot an effective t 2021	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th d	•	
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Filing Fee: \$25.00