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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

	Registration Se Division of Cor			
cub irc	Family Cre	eation Service LLC		
SUBJEC	T;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Dmytro Demishev		
			Name of Person	
		Family Creation Service L	LC	
			Firm/Company	
		3030 N. Rocky Point Dr. S	Sic 110A	
			Address	
		Tampa, FL. 33607		
		City/State and Zip Code		
		dmitry.demishev@gmail.co	om to be used for future annual report notifi	
				cation)
For furthe	er information c	oncerning this matter, please ca	all:	
Dmytro I	Demishev		954 5163696	
	Name o	f Person	at ()	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	O 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 (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

Family Creation Service LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 11.08.2017	and assigned
Florida document number L17000231891		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	TAS
Triceput Office damess MOST DISTRIBLY		8 F. C.
		HAS F
Enter new mailing address, if applicable:		9
Mailing address MAY BE A POST OFFICE BOX)		PA FE
		ee on one
		O Om
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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
MGR	Dmytro Demishev	Address 5771 Washington Street, H. 33023, Hollywood, FL,	122, 115. ■ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
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Effective date, if other than th	a date of filings	(option	de.	
(If an effective date is listed, the date mi	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after fili	ng.) Pursuant to 6	
the record specifies a delayed The 90th day after the re	ed effective date, but not an cord is filed.	effective time, at 12:01 a.n	n. on the ear	lier of
Dated February 5	2018			
		2120		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00