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13/12/24

COVER LETTER

TO: Registration S Division of Co			
ALS Partin	iers LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Anastasia Buresh		
		Name of Person	
	ALS PArtners LLC		
		Firm/Company	
	17145 N Bay rd, apt 4609		
		Address	· -
	Sunny Isles Beach FL 331	60	
	anastasia.buresh@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Anastasia Buresh		305 3369902 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre Registration Division of O	Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 633	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALS Partners LLC		-	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	<u>ears on our records.</u>) y)		
The Articles of Organization for this Limited Liability Company were filed on O2/07/2018 Florida document number L18000034571		_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	<u>here</u> :		
Veltra Goods LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the		L.L.C."	
Enter new principal offices address, if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• •	
(Principal office address MUST BE A STREET ADDRESS)		. ,	
	\$27 hb	i "	
		; t.	
Enter new mailing address, if applicable:	77.0	(
(Mailing address MAY BE A POST OFFICE BOX)	mi O		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent:	r records, <u>enter the name of the n</u>	ew regi	
Navy Rayintaryd Office Address			
New Registered Office Address: Enter I	Florida street address		
	. Florida		
City	Zip Coo		

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>	<u>Address</u>	<u> I</u>	ype of Action
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				_ □Remove

At	athorized Representative			
Ev	genii Gorbachevskii			
17	145 N Bay rd		•	
#4	609			
Sı	uny Isles Beach, FL 33160			
_				
		<u>;</u> 24. 3	-	
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<u>ote:</u> If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	_ (optional) lays after tiling.) ents, this date v	Pursuant to vill not be	o 605,02 : listed
ecord is filed	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied.	er of: (b) The	90th d ay	after tl
ited _	9/04/2024			
	Signature of a member or authorized representative of a member			_