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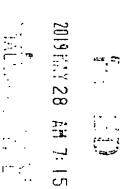
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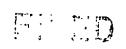
TO:	Registration Se Division of Cor		•	
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SUDJ	IEC1:		ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Katie Shenko		
			Name of Person Dispute State PLLC Firm/Company Firm/Company Foral Ridge Drive, #138 Address Address Springs, FL 33076 City/State and Zip Code henkolaw.com E-mail address: (to be used for future annual report notification) his matter, please call: at (
		ALLYCH, LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Katie Shenko Name of Person Shenko Business Law PLLC Firm/Company 5944 Coral Ridge Drive. #138 Address Coral Springs. FL 33076 City/State and Zip Code katie@shenkolaw.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Name of Person at (954) Area Code Daytime Telephone Number ek for the following amount: Fee \$\Begin{small } \$30.00 \text{ Filing Fee} & \Begin{small C \text{ S55.00 Filing Fee} & \Begin{small C \text{ Certificate of Status} & \Begin{small C \text{ Certificate of Status} & \Begin{small C \text{ Certificate of Status} & \Begin{small C \text{ Certificate Opy} & \text{ Certificate of Status} & \Begin{small C \text{ Certificate Opy} & \text{ Certificate Opy} & \text{ Certificate Opy} \text{ Certificate Opy} \text{ Certificate Opy}		
			Firm/Company	ime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Katie Shenko Name of Person Shenko Business Law PLLC Firm/Company 5944 Coral Ridge Drive. #138 Address Coral Springs. FL 33076 City/State and Zip Code katie@shenkolaw.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (4) Area Code Daytime Telephone Number or the following amount: S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status		
			Address	
		Shenko Business Law PLLC Firm/Company 5944 Coral Ridge Drive. #138 Address Coral Springs, FL 33076 City/State and Zip Code katie@shenkolaw.com		
			City/State and Zip Code	
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For fe	urther information c		·	ilication)
Katie	e Shenko			
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclo	osed is a check for th	ne following amount:		
= \$	25.00 Fiting Fee		Certified Copy	Certificate of Status & Certified Copy

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

TO ARTICLES OF ORGANIZATION OF



MIHALYCH, LLC

2019 HAY 28 AM 7: 15

(Name of the Lim	(A Florida Limited Liability Company)	records.)	o All.
The Articles of Organization for this Limited I Florida document number L18000090730			
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liability company here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		····
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	C BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	ecords, <u>enter</u>	the name of th
Name of New Registered Agent:	Mykola Kokalko		
New Registered Office Address:	840 S PARK ROAD, APT. 5-118		
	Enter Florida stree	rt address	
	HOLLYWOOD	, Florida	021
	City		Zin 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 wi 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 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.

Mykola Kokalko

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 addeduced or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			☐ Remove
			Add
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the a	pplicable statutory fil	(optional) more than 90 days after filing.) ing requirements, this date v	Pursuant to 605,0207 (2 vill not be listed as th
If the record specifies a delay (b) The 90th day after the re		it not an effective	time, at 12:01 a.m. c	n the earlier of:
Dated May 22	2019) 		
	Signature of a member of	Lykola Koka	lko	

Page 3 of 3

Filing Fee: \$25.00