L18000 146677

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to 1 ling Officer. |
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Office Use Only



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| | istration Sec ision of Corp | | • | |
|----------------|--------------------------------|--|---|--|
| SUBJECT: | DASHEE L | .C | | |
| ood de la | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspor | idence concerning this matter | to the following: | |
| | | Mykhailo Tkachenko | | |
| | | | Name of Person | |
| | | Dashee LLC | | |
| | | | Firm/Company | |
| | | 300 Euclid Ave Apt 104 | | |
| | | | Address | |
| | | Miami Beach FL 33139 | | |
| | | mt@dashee.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For further in | formation co | ncerning this matter, please co | ıll: | |
| Mykhailo Tk | achenko | | 305 3181518 at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| □ \$25.00 F | iling 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

| Dashee LLC | | | | |
|---|---|---|--------------------|------------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | pany as it now appears on our t I Liability Company) | ecords.) | |
| he Articles of Organization for this Limited I lorida document number L18000146677 | | y were filed on 06/14/2018 | | _ and assigned |
| his amendment is submitted to amend the fol | | | | |
| a. If amending name, enter the new name of | of the limited lia | bility company here: | | |
| he new name must be distinguishable and contain the | words "Limited Lial | bility Company," the designation | "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | , | |
| Principal office address MUST BE A STREA | ET ADDRESS) | | | ···· |
| | | | | |
| Enter new mailing address, if applicable: | | 7319 Collins Ave | <u> </u> | 2019 |
| (Mailing address MAY BE A POST OFFICE BOX) | | Miami Beach FL 33141 | : | NO 1 |
| | <u>-</u> _ | | (| <u></u> |
| | | | Ç1) | |
| If amending the registered agent and egistered agent and/or the new registered of | | | cords, enter th | e name of the |
| | | | - - | 8 |
| Name of New Registered Agent: | MYKHAILO | TKACHENKO | | |
| New Registered Office Address: | 300 Euclid Av | ve Apt 104 | | |
| | | Enter Florida street c | address | |
| | Miami Beach | | Florida 33139 |) |
| | - | Circ | | 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 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> | Type of Action |
|--------------|---------------|--|----------------|
| AMBR | Arie Gad | 19667 Turnberry Way Apt 25B Aventura FL 33180 | Add |
| | | | Remove |
| | | | Change |
| AMBR | Igors Jansons | 227 1st street Apt 7 Miami Beach FL 33139 | = Add |
| | | | □ Remove |
| | | _ | Change |
| | | | |
| | | | ☐ Remove |
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| (If an e <u>Note</u> : | etive date, if other than the date of filing: |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Dated | November 6 2019 |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00