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DIVISION OF CORPORATION

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COVER LETTER*

TO: Registration Section Division of Corporations
SUBJECT: TulpAR LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anel Tuyetayeve
Tulpax LLC
t introduction
2725 CASITA WAY, Apt. 212
Address
Selvar Beach, FL 33445 City/State and Zip Code
E-mail address (to be used for future/annual report notification)
E-mail address' (to be used for future/annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>LIBOOOIGOO 52</u>	ompany were filed on <u>08/08/18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company "the designation "LLC" or the abbrevi	otion "L.I. C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	· · · · · · · · · · · · · · · · · · ·	SECRE DIVISION 18 AUG
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ETARY OF SIATE
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	p 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Title Address Type of Action Name MGR Yeldos AbilKhassinov 2725 Casita Way, Apt. 212 MADA Deleny Beach, FL 33445 Remove _____ Change _____ 🗀 Add _____ 🗆 Remove _____ Change _____ □ Add _□ Remove _□ Change \square Add _□ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00