# L19000286930

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HILLED 2024 DEC 17 PH 1: 10 SECRETARY OF STATE TALLAHASSEE, FL



## **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

PROPERTIES, LLC. FAMILY ESU SUBJECT: \_\_\_ 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:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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 Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability	
The Articles of Organization for this Limited Liability Company were finded document number $\_\_1800286930$ .	iled on $\frac{12}{14}\frac{14}{2018}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	<u>mpany here</u> :
The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECRETAT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new registered

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	SVETLANA VYSOCHIN	
New Registered Office Address:	Enter Florida street address	# 222
	WINTER PARK, Florida	32-789 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SVETUANA VYSOCHIN	127 W FAIRBANKS AVE #222 WINTER PARK, FC 32789	— 沟 Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			🗆 Change
MGR	NATASHA CAPESE	127 W FAIRBANKS AVE #222 WINTER PARK, FL 32789	—_ □Add
			Remove
			🖾 Change
MGR	STEPHEN CARSE	127 W FAIRBANKS AFE#2	
		WINTER PARK, FL 3278	CHARGE PH
AMBR	NATASHA CARSE	127 W FAIRBANKS AFE#2 WINTER PARK, FL 32709	
		WINTER PARK, FL 32789	
			Change
			🗆 Add
			Remove
		<u> </u>	🗆 Add
			🗆 Remove
			Change

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			2024 DEC 17

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	Dec 13	2024
	Hatal	- Carse_
	Signature of a men	ber or authorized representative of a member
	NATASHA	CAPSE
	Ty	ped or printed name of signee