

L19000134344

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000046809 3)))



H220000468093ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 FEB -4 PM 2:22

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TSARUKAEVA OLYMPIC WEIGHTLIFTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

22 FEB -4 PM 2:39

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

FEB 07 2022



February 4, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TSARUKAEVA OLYMPIC WEIGHTLIFTING LLC
2145 NE 164TH STREET
SUITE 635
MIAMI, FL 33162US

SUBJECT: TSARUKAEVA OLYMPIC WEIGHTLIFTING LLC
REF: L19000134344

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H22000045612
Letter Number: 322A00002853

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSARUKAEVA OLYMPIC WEIGHTLIFTING 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:

TSARUKAEVA, SVETLANA

Name of Person

TSARUKAEVA OLYMPIC WEIGHTLIFTING LLC

Firm/Company

2500 PARKVIEW DR, APT 1511

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

TSARUKAEVA.SVETLANA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TSARUKAEVA, SVETLANA

954
at ()

670-4437

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TSARUKAEVA OLYMPIC WEIGHTLIFTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/17/2019 and assigned
Florida document number L19000134344.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TSARUKAEVA HEALTHY LIFE, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2500 PARKVIEW DR, APT 1511

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

2500 PARKVIEW DR, APT 1511

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH, FL 33009

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

Name of New Registered Agent:

New Registered Office Address:

2500 PARKVIEW DR, APT 1511

Enter Florida street address

HALLANDALE BEACH

City

, Florida

33009

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

MGR = Manager
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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 02/03 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00