

L19000173201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

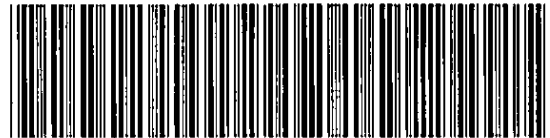
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 21 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IKU MARKETING LLC DBA GEMINI HEALTH PRODUCTS & SUPPLIES

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:

LILIYA HERETSUN-ROUSSONICOLOS

Name of Person

Firm/Company

2565 SW IMPORT DRIVE

Address

PORT SAINT LUCIE, FL 34987

City/State and Zip Code

LILIE.HERETSUN@GMAIL.COM

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

For further information concerning this matter, please call:

LILIYA HERETSUN-ROUSSONICOLOS

772 2076266
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2021

LILIYA HERETSUN-ROUSSONICOLOS
2565 SW IMPORT DR
PORT ST LUCIE, FL 34987

SUBJECT: IKU MARKETING
Ref. Number: L19000173201

We have received your document for IKU MARKETING and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 521A00001009

2021 JAN 20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IKU Marketing 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:

Liliya Heretsun-Roussonicolos
Name of Person

Firm/Company

2565 SW Import Drive
Address

Port Saint Lucie, FL 34987
City/State and Zip Code

lilie.heretsun@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliya Heretsun-Roussonicolos at (772) 207-6266
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)

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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

IKU Marketing 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 07/07/2020 and assigned Florida document number L19000173201.

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

531 NW AZINE Avenue
Port Saint Lucie, FL
34983

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:

Christopher M. Rizzo

New Registered Office Address:

1488 SE Village Green Drive

Enter Florida street address

Port St. Lucie, Florida 34952

City

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.

Christopher Rizzo

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> | <u>Type of Action</u> |
|--------------|-------------------------------|--------------------------|--|
| MGR | Liliya Heretsun-Roussonicolos | 2565 SW Import Dr. | <input type="checkbox"/> Add |
| | | Port St. Lucie, FL 34987 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Christopher M. Rizzo | 531 NW Azine Avenue | <input checked="" type="checkbox"/> Add |
| | | Port St. Lucie, FL | <input type="checkbox"/> Remove |
| | | 34983 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Christopher M. Rizzo 100% shareholder

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: 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 January 19th . 2021 .

Christopher Rizzo

Signature of a member or authorized representative of a member

Christopher M. Rizzo

Typed or printed name of signee

Filing Fee: \$25.00