L19000199939

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 0 8 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: $\frac{\sum_{i=1}^{k} \xi_{i}}{\xi_{i}}$		LLC ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Oleg Mil	KMA, OV Name of Person	
	0:5 Custo	Firm/Company	
	ح ⁴⁵ مهر 730	Address	
		FL 34205 City/State and Zip Code	
	OSCUSTOMS LL E-mail address: (1	-CG OUTTOOK, CO	fication)
For further information c	oncerning this matter, please ca	all:	
Oleg Mikha Name o	∏ Ø √ f Person	at (<u>971</u>) <u>303-</u> Area Code Daytim	6906 Telephone Number
Enclosed is a check for th	ne 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

DES Customs L	LC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our re- cimited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 19000199939</u>		- 19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	19 B
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		. Florida
	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.

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>	Address	Type of Action
<u>AMBR</u>	Slavic Miknaylor	720 20th st W	\$\times \dd
		Bradenton FL. 34205	□Remove
			□Change
		 	
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			
			□Remove
			□Change
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			□Change
			□Add
		-	□Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: 11-25-19 (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 (b) The 90th day after the record is filed.	of:
Dated	
Oleg Miknailor	

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Typed or printed name of signee

Filing Fee: \$25.00