## L19000212980

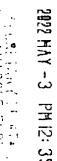
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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	lling Officer:	

Office Use Only



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JUN 24 2022 M. SOLOMON

## **COVER LETTER**

	Registration S Division of Co			٠		
SUD IEC		LEMENTS L.L.C.		,		
SUBJEC	1;	Name of Lin	nited Liability Company		_	
The enclo	osed Articles o	f Amendment and fee(s) are sul	omitted for filing			
		oondence concerning this matter	_			
		Ekaterina Kisseleva				
			Name of Person		<del></del>	
		EGK SOLUTIONS LLC				
			Firm/Company			
		7901 4th St N Ste 325				
			Address			2829
		St.Petersburg FL 33702			ر. الم	) HAY
		•	City/State and Zip Code		· <u>; ; :</u>	_ ယ
		info@egksolutions.com			eginők mikre magyar	7
		E-mail address:	to be used for future annual	report notification)		:2:
For further	er information	concerning this matter, please o	all:		13 P	ဒ္ဌ
Ekaterina	Kisseleva		and the second s	8-6937		
	Name	of Person	Area Code	Daytime Telephone Nun	nber	
Enclosed	is a check for	the following amount:				
<b>■</b> \$25.0	.00 Filing Fee Solution Status					
F	Mailing Addre Registration Division of O P.O. Box 63:	Section Corporations	Division	ddress: ation Section n of Corporations atre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000212980</u>	mpany were filed on 08/20/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
TANYA CHANGE L.L.C.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRES	SS)	
		2
		22 MA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> ႏု</u> ယ ၊
		γ <sub>ε</sub> Ω • ω
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter th</u> e	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

NC SUPPLEMENTS L.L.C.

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
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tive date, if other than the date of filing:	(optional)	. 605 020°
If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	statutory filing requirements, this date will not be	listed as
ment 3 effective date on the Department of State 3 feedus.		
ord specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day	after the
filed.		
04/29/2022		

Typed or printed name of signee