

W19000246987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

5/19/25

Office Use Only



800390034318

STATE OF MASSACHUSETTS  
FILING OFFICE

2022 JUN 29 AM 10:28

FILED

06/29/22--01019--008 \*\*55.00

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BONAFIDE GROUP 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:

Evgeny Krasnov

\_\_\_\_\_  
Name of Person

Nordic Bros LLC

\_\_\_\_\_  
Firm/Company

228 Park Ave S, Pmb 85451

\_\_\_\_\_  
Address

New York, NY 10003

\_\_\_\_\_  
City/State and Zip Code

filings@buzko.legal

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

For further information concerning this matter, please call:

Evgeny Krasnov

\_\_\_\_\_  
Name of Person

at (718) 5579582

\_\_\_\_\_  
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

FILED

2022 JUN 29 AM 10:48

BONAFIDE GROUP LLC

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

JUN 29 2022

The Articles of Organization for this Limited Liability Company were filed on October 1, 2019 and assigned  
Florida document number L19000246987.

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:

228 Park Ave S

(Principal office address MUST BE A STREET ADDRESS)

New York, NY 10003

United States

Enter new mailing address, if applicable:

228 Park Ave S, Pmb 85451

(Mailing address MAY BE A POST OFFICE BOX)

New York, NY 10003

United States

**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:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ilya Zlatan	2999 NE 191st St., STE 603, Aventura, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anna Ivanova	53 Komendantsky Prospect, building 1, apt. 162	<input checked="" type="checkbox"/> Add
		St. Petersburg, 197350, Russian Federation	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vadim Ivanov	53 Komendantsky Prospect, building 1, apt. 162	<input checked="" type="checkbox"/> Add
		St. Petersburg, 197350, Russian Federation	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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.

May 26th 2022  
Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Anna Ivanova  
*A. U. Ivanova*  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00