

L19000281151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

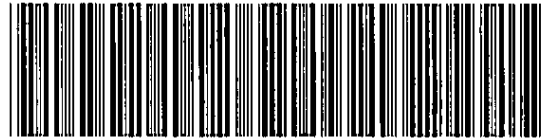
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600364375276

05/17/21--01035--014 **30.00

6/22/21
[Signature]

RECEIVED
JUN 11 PM 2:17
2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WALLET ORLANDO 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:

FILIPENKO, SERGEY

Name of Person

WALLET ORLANDO LLC

Firm/Company

2321 W JACKSON ST

Address

ORLANDO, FL 32805

City/State and Zip Code

Wallelorlando@gmail.com

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

For further information concerning this matter, please call:

FILIPENKO, SERGEY

407 973-9411
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
2416 N. 14th St., Tallahassee, FL 32310

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RASSOKHIN, SERGEI	10/32 Druzhby Street APT#268	<input checked="" type="checkbox"/> Add
		MOSKOW, 119330	<input type="checkbox"/> Remove
		RUSSIAN FEDERATION	<input type="checkbox"/> Change
AMBR	GARSHTYA, DMITRY	20, 1ST TVERSKAYA-YAMSKAYA STREET #33	<input checked="" type="checkbox"/> Add
		MOSKOW, 125047	<input type="checkbox"/> Remove
		RUSSIAN FEDERATION	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00