

L20 0000 26576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

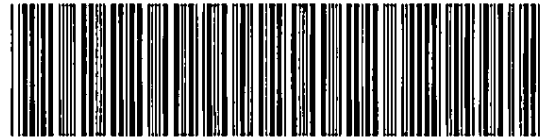
(Document Number)

Certified Copies _____ Certificates of Status _____

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S.C.
07/16/21



300368245603

06/21/21--01021--022 **25.00

2021 JUN 21 AM 11:24

300368245603

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Technologies International 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:

Faysal Muhki
Name of Person

Advanced Technologies International LLC
Firm/Company

766 Big Tree Drive
Address

Longwood, FL, 32750
City/State and Zip Code

Fais@advtechint.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Faysal Muhki at (407) 792-6321
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

2011 JUN 21 AM 11:25

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

H The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

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)

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:

Nikhail Muhlki

New Registered Office Address:

766 Big Tree drive, Unit 102

Enter Florida street address

Longwood

City

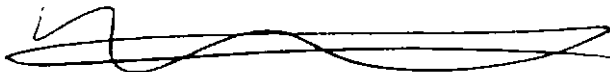
Florida

32750

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	Egysal Muhki	407 Shallowbrook avenue	<input type="checkbox"/> Add
		Winter Springs FL, 32708	<input type="checkbox"/> Remove
		40% Equity	<input checked="" type="checkbox"/> Change
MGR	Mikhail Muhki	607 Shallowbrook avenue	<input checked="" type="checkbox"/> Add
		Winter Springs FL, 32708	<input type="checkbox"/> Remove
		30% Equity	<input type="checkbox"/> Change
MGR	Joshua Heilman	2426 ecom Circle, Orlando	<input type="checkbox"/> Add
		FL 32817	<input type="checkbox"/> Remove
		30% Equity	<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

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

Faysal Mulkhi: 40% Equity

Mikhail Mubki ~~30%~~ equity

Joshua Heilman 30% Cr. 44

E. Effective date, if other than the date of filing: 06/01/2021 (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

06/01/2021

Signature of a member or authorized representative of a member

Fayssal Mchik

Typed or printed name of signee

Filing Fee: \$25.00