LZO 000054871

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(Add	ress)	
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(City	/State/Zip/Phone	e #)
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COVER LETTER

BAL LLC
nited Liability Company
omitted for filing.
to the following:
HCH 2 VALERY
Name of Person
Firm/Company
arredondo st.
Address
Port FL 34286
Port FL 34286 City/State and Zip Code Softuck @ gmail. com (to be used for future annual report notification)
call:
at (186) 547.2173 Area Code Daytime Telephone Number
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

JOYES GLOB	AL LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000054874</u>	were filed on $02/18/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	MH 5: 1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enrer 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

Title	Name	Address	Type of Action
AMBR	Eduards Gulbins	1048 Arredondost	
		Address A078 Arredondost 1078 Arredondost. No	The Vort , + L39281 XRemove
AMBR	Vladislav Khrushch	1078 Arredondo st. Nort	Change Port FL 34286 XAdd
			□Remove
		 	Change
			DAdd
			Remove
			Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff <u>lote:</u>	ive date, if other than the date of filing:
recor Lis fil	d 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 led.
ated	5/18/2020 2020-2
	(M) /2/
	Signature of a member or authorized representative of a member
	Valery Khrushch Typed or printed name of signee