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(Address)

(Address)

(City/State/Zip/Phone #)

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2024 MAR -4 PM 4:31

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

MOYES GLOBAL 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:

VALERY KHRUSHCH

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

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

11220 Sunview Way

\_\_\_\_\_  
Address

Cooper City, 33026

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

marinasofjina@yahoo.com

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

For further information concerning this matter, please call:

Eduards Gulbins

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

at (786) 547.2173

\_\_\_\_\_  
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**

JOYES GLOBAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/18/2020 and assigned  
Florida document number L200000054871.

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

**MGR =** Manager  
**AMBR =** Authorized Member

**AMBR = Authorized Member**


[illegible]

[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.

Dated 2/26/2024.



Signature of a member or authorized representative of a member

Valery Khrushch

Typed or printed name of signee

**Filing Fee: \$25.00**

OBSERVATION PAGE

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# PASSPORT

# SAINT LUCIA

TYPE / TYPE / TIPO COUNTRY CODE / CODE PAYS / CODIGO DEL PAIS  
P LGA

PASSPORT NO. / N°PASSEPORT / PASAPORTE NO.  
R273408

SURNAME / NOM / APELLIDO  
DUDIN

GIVEN NAMES / PRÉNOMS / NOMS  
 DMITRY ALEKSANDROVICH

NATIONALITY / NATIONALITE / NACIONALIDAD  
SAINT LUCIAN

DATE OF BIRTH / DATE DE NAISSANCE / FECHA DE NACIMIENTO: 10 NOV 1980 GENDER / SEXE / SEXO: M

PLACE OF BIRTH / LIEU DE NAISSANCE / LUGAR DE NACIMIENTO  
RUSIA

PLACE OF ISSUE / LIEU DE DÉLIVRANCE / LUGAR DE EMISIÓN  
**SAINT-LUCIA** / S. LUCIA / S. LUCIA

23 SEP 2024

SIGNATURE OF ELABOR / SIGNATURE DEL CONTRATANTE:  
FIRMA DEL TITULAR:

23 SEP 72

[illegible][illegible]

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