

(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



700425085427

00/04/24-H0:000 013 \*\*0..00

2024 MAR -4 PM 4: 31

ONCLEASE - L. PM L:

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	MOYES GLOBAL IIC	
The er	Division of Corporations  CT: SOYES GLOBAL LLC  Name of Limited Liability Company  losed Articles of Amendment and feets) are submitted for filing.  eturn all correspondence concerning this matter to the following:  VALERY KHRUSHCH  Name of Person  Firm/Company  11220 SUNVIEW JOAN  Address  Copper City 33026  CityState and kip Code  MANINASOFJINAQYAhoo. COIN  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  Availability States and Lip Sunday  Area Code Daytime Telephone Number  and is a check for the following amount:  15.00 Filing Fee Sunday Status Certificate of Status Certificate Opy Certificate of Status & Certificate Of Status & Certificate Opy  Certificate of Status & Certificate Opy  Sono Filing Fee Certificate of Status & Certificate Opy  Certificate of Status & Certificate Opy  Sono Filing Fee Certificate Of Status & Certificate Opy  Certificate Of Status & Certificate Opy  Certificate Of Status & Certificate Opy  Sono Filing Fee Certificate Of Status & Certificate Opy  Certificate Opion  Certificate Of Status & Certificate Opion  Certificat	
Please	return all correspondence concerning this matter to the following:	
	Firm/Company	
	11220 Sunview Way	
	Cooper City 33026	
	marinasofjina@yahoo.com	
For fu	arther information concerning this matter, please call:	
E		
Enclo	sed is a check for the following amount:	
<b>X</b> s:		

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

JOYFS GL	OBAL LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2OOOO54 871</u> .	ny were filed on <u>02/18/202</u>	O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company." the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		203
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	re address on our records, enter the nar	SSEE I a 31 ne of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

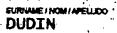
MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DUDIN, DMITRY	11220 Sunview Wa Hollywood, FL33026	Add
		Hollywood, FL33026	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
-			DAdd
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
		<u> </u>	Remove
			Chapao

	<del> </del>
_	
Effective	date, if other than the date of filing: (optional)
Note: If the	date, if other than the date of filing:
ie record sp	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated	2/26/2024
	Signature of a member or authorized representative of a member
	Valeny Khandal
	Typed or printed name of signee

Filing Fee: \$25.00

PASSPORT



NATIONALTY/NATIONALTE/NACIONALTONO
SAINT LUCIAN

10 NOV 1980



DOUDING COLLEGE BLEEF COLLEGE COL