

L20000 122737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

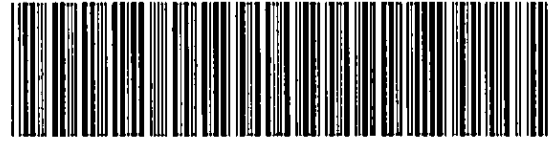
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000344862820

05/25/20--01013--017 ++25.00

FILED  
2020 JUN 25 PM 2:10

Amend

JUN . 7 2020

I ALBRITTON

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KEBLINE 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:

ELENA RYAGUZOVA  
Name of Person

Firm/Company

295 JAMIE LANE  
Address

WAUCONDA, IL 60084  
City/State and Zip Code

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

For further information concerning this matter, please call:

JACOB TREPELKIN      847      951-2655  
Name of Person      at (      )      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**

KEBLINE 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 MAY 6, 2020 and assigned Florida document number L20000122737.

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*

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

2020 MAY 13 PM 2:10  
FILED

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          | DMITRY RYAGUZOV | 6 ONEIDA LANE             | <input type="checkbox"/> Add               |
|              |                 | HAWTHORN WOODS, IL. 60047 | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
| MGR          | ELENA RYAGUZOVA | 6 ONEIDA LANE             | <input checked="" type="checkbox"/> Add    |
|              |                 | HAWTHORN WOODS, IL. 60047 | <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 type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |

