L20 000 170 999

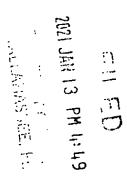
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600357904396

01/13/21--01006--006 **25.00



LA 2/18/21

COVER LETTER

* 1

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo			
SUBJECT: RY	opza vetrige	eration LCC	
SUBJECT: 158	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Steven N.	9 gel Name of Person	
		Name of Person	
	Russia 6	experience the	
	Overze !	refrigeration LLC Firm/Company	
	1-11	0 1	
	11719 Hidde	Address	****
	Parrish A	City/State and Zip Code	
		City/State and Zip Code	
		o be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	·	,
Slavan de	350	651 . 769 4	এ খুণ
Staven No Name of	Person	at (<u>651</u>) <u>769 4</u> Area Code Daytime	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se	=	Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

igned
L.C."
<u> </u>

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>	<u>Name</u>	Address	Type of Action
MGR	Steven Nagel	11719 Hidden forest forest	(BAdd
		Loop, parrish fl 34219	□Remove
			🗆 Change
<u> </u>	Abdurrahman Serdar ki	Jeys	□Add
		1846 Siesta Dr	ÉRemove
		Surasota FL 34239	🗆 Change
			□Add
			□ Remove
			DChange
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change

-	· · · · · · · · · · · · · · · · · · ·
	
_	
Note: If	e date, if other than the date of filing: 1-1-202 (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	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
rd is filed	· · · · · · · · · · · · · · · · · · ·
rd is filed	
rd is filed	