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| TO: Registration Sec Division of Corp | | | |
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| SUBJECT: <u>Ana 3</u> | tasia Mache Name of Lim | ited Liability Company | |
| | | <u>-</u> | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Anastasia | Machekhina Name of Person | |
| DBJECT: Anglasia Mache Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Angstasia Mache LLC Firm/Company 5445 Collins ave 421 Address Miami, Florida 33140 City/State and Zip Code In for angular address: (to be used for future annual report notification) or further information concerning this matter, please call: Anastasia Machekking Name of Person at 917 Area Code Daytime Telephone Number accessed is a check for the following amount: | | | |
| | 5445 Co | Llin3 ave 421 Address | |
| | Miami, | Florida 33140 | |
| | <u>In Fo Q OINGS</u> E-mail address: (| ta stamache.com to be used for future annual report notif | ication) |
| For further information con | ncerning this matter, please co | all: | |
| Anastasia Name of t | Machekhing Person | at (<u>917</u>) <u>344001</u> Area Code Daytime | 5 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | S30.00 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) |
| A. 115 A. 1. 1 | | C | |

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

| Anastasia Mach | e LLC | |
|--|---|----------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 200 00 1835 92</u> . | y were filed on <u>03 27 20</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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) | | 2020 S |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | SEP - I PX I: 20 |
| B. If amending the registered agent and/or registered office 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: | Enter Florida street address | |
| | | |
| | , Florid | la Zip Code |
| | City | гар Соце |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|--|-----------------------|
| MGR_ | Anaslasiu Machekhina | 5445 Collins ave, 421, Humi, Fl, 33140 | 2 1/Add |
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| ffective date, if other the an effective date is listed, the cote: If the date inserted in ocument's effective date or | date must be specific an this block does not | d cannot be prior to meet the applicab | | than 90 days afte | | | |
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