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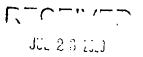
(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	

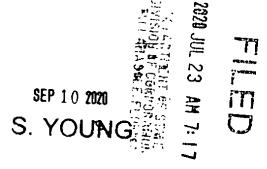
Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT:	SSK ES Name of Lim	TATE LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	<u> </u>	Kamewezk Name of Person	/
		Firm/Company	
	99 SE,	MIZNER BE	rd, Apt 705
	Buca Ra	City/State and Vin Code	<i>3 432</i>
	henrykam Gmail address: (1	City/State and Zip Code 3 9 4 0 0 . C. To be used-for future annual report notion	OW) fication)
For further information co	oncerning this matter, please ca		
G, Kan	Person	at (<u>56/)</u> <u>92</u> Area Code Daytim	7 88 // e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

О	F	2220
(Name of the Limited Liability Compa		JUL 23
		The second second
The Articles of Organization for this Limited Liability Company	were filed on	<u>े ्रि</u> and assigned
Florida document number <u>L 20000 186</u> 13		
(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		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the	ne 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:		1946
(Mailing address MAY BE A POST OFFICE BOX)		
	iddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	LZip 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

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
			□Add
		ElRemove	
		 –	[]Change
		□Add	
		□Remove	
			⊞Change
			□Add
			©Remove
			□Change
		🖽 🗆	
		ElRemove	
			□Change
			[]Add
		DChange	
		:DAdd	
		TIRemove	
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please amend
	Title - Member (instead of Mn)
	Kamerezki Geradi
-	Title-MRS Should be Kamenezki Svetlang removed.
	ITS only single member
	Please see Detail by Entry Name
-	
-	
<u>iote:</u>	tive date, if other than the date of filing: <u>Unen amendment de vee or</u> 23/2 defective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
recoi Lis fi	rd 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 led.
ated	7/20/2020
	Signature of a member or authorized representative of a member
	Genadi Lamenezki Typed or printed name of signee