

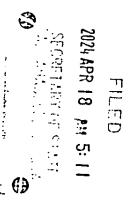
(Request	tor's Name)
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COVER LETTER

SUBJECT:	Sen.us LL	ited Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aleksei	Karnaushe Name of Person	nko
	Ossen.	us LLC Firm/Company	
		Firm/Company	
	145 SW	1 13th st, a	pt 543
	Mic	ami, FL 331.	30
	in 60 (City/State and Zip Code Olakkee. Con to be used for future annual report notifi	7
For further information c	oncerning this matter, please ca	•	, and the second
	,		
Olga Kar	enaushenko	at (<u>786)</u> 925 Area Code Daytime	-2391
Name o	f Person	Area Code Daytime	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)

TO:

Registration Section **Division of Corporations**

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 ARTICLES OF ORGANIZATION **OF**

Ossen.us	LLC	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears o ability Company)	n our records.)
The Articles of Organization for this Limited Liability Company w	vere filed on	18/07/2020 and assigned
Florida document number <u>L20000239434</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here	
Lakkee Li	4.C	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		;; A
Enter new mailing address, if applicable:		APR APR
(Mailing address MAY BE A POST OFFICE BOX)		- CO [
		<u> </u>
B. If amending the registered agent and/or registered office ac	ddress on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		(9)
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

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
			□Remove
			□ Change
			□ Add
			□Remove
	<u> </u>		
			□Remove
			□Change
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te: If the date inserte	r than the date of f the date must be specified in this block does r te on the Department	not meet the appl	icable statutory filir		r filing.) Pursuant to 60	05.020 sted a
cord specifies a delay s filed.	yed effective date, bu	t not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day aft	er the
	4	202	4.			
led April						
ned April		/ _				
ied <u>April</u>		/ _	thorized representative	e of a member		

Filing Fee: \$25.00