LZO 000 275777

(Requestor's Name) (Address) (Address)	300353405013	
(City/State/Zip/Phone #)	10/13/2001014026 **25.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	1020 OCT 13 PH	
Office Use Only	T: 00	

COVER LETTER

TO: Registration Section Division of Corporations

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AMEKAMI INVESTMENT LLC

SUBJECT: _

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:

ALEXEY MIRONENKO

Name of Person

AMEKAMENVESTMENT LLC

Firm/Company

729 LENOX AVE APT 12

Address

MIAMI BEACH, FL 33139

Citv/State and Zip Code

miralex13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXEY MIRONENKO

Name of Person

725 261-5897 at (_____)

Area Code 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)

<u>Mailing Address:</u> 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

AMEKAMI INVESTMENT LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>SEPTEMBER 03, 2020</u> and assigned Florida document number <u>L20000275777</u>

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 "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
<u></u>	
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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	ALEXEY MIRONENKO		
New Registered Office Address:	729 LENOX AVE APT 12		
<u>How Registered Office Address</u> .	Enter Florida street address		
	MIAMI BEACH	, Florida ³³¹³⁹	
	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR AP	RUSLAN KARIMOV	4817 BOOKELIA CIR	🗆 Add
		BRADENTON, FL 34203	■Remove
			Change
AMBR	ALEXEY MIRONENKO	729 LENOX AVE APT 12	⊟ Add
		MIAMI BEACH, FL 33139	Пспюус
			□Change
			🗆 Add
			🗆 Remove
		<u></u>	Change
			🗆 Add
			🗆 Remove
		<u> </u>	Change
			🗆 Add
			Псеточе
			🗍 Change
_		<u> </u>	🗆 Add
			🗆 Remove
		<u> </u>	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an ef) <u>Note:</u>	fective date is listed, (If the date inserted	r than the date of filin the date must be specific and d in this block does not i te on the Department of S	d cannot be prior to dat meet the applicable :	e of filing or more than 9	(optional) 90 days after filing.) Pr ements, this date wil	rsuant to 605.0207 (3)(1 1 not be listed as the
the record is fi		red effective date, but not	t an effective time, a	t 12:01 a.m. on the ca	nrlier of: (b) The 9	Ith day after the
		<u> </u>				

Signature of a member or authorized representative of a member

RUSLAN KARIMOV

tu

typed or printed name of signee

Filing Fee: \$25.00