

K20 000284961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

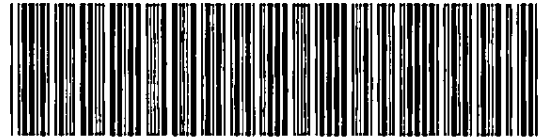
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/21--01014--014 **25.00

2021 AUG 30 AM 11:01
STATE
TALLAHASSEE, FL

FILED

136



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 30 PM 2:48

August 17, 2021

VLADIMIR LIPATOV
3036 NW 69TH COURT
FORT LAUDERDALE, FL 33309

SUBJECT: IT GENIE LLC
Ref. Number: L20000284961

We have received your document for IT GENIE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

It appears you are trying to change your LLC entity name on line A, if so please add the LLC suffix to line A.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00019641

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IT Genie LLC
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:

Vladimir Lipatov
Name of Person

IT Genie LLC
Firm/Company

3036 NW 69th Ct
Address

Fort Lauderdale FL 33309
City/State and Zip Code

Lipatov.Vladimir@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vladimir Lipatov at (347) 733 - 2933
Name of Person 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)

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**

IT Genie LLC

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

FILED
2021 AUG 30 AM 11:01
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 9/11/2020 and assigned

Florida document number L20000284961

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIPSYS LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

3036 NW 69th CT
Fort Lauderdale FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3036 NW 69th CT
Fort Lauderdale FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3036 NW 69th CT
Enter Florida street address
Fort Lauderdale, Florida 33309
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

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Vladimir LIPATOV