11/9/2022 03:33 PM TO:18506176383 FROM:4078975336 Page:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000383747 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: into Oabk Corp. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEY MOVE LLC

表现的现在分词 (1995年) 1995年 -	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY NOV 10 2022

2022 Ni

TO: Registration Division o	on Section f Corporations		
	MOVE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.	
	rrespondence concerning this matte		
	KIRILL KOCHOROV		
	~···	Name of Person	
		Firm/Company	
	10449 SPARKLE CT		
		Address	
	ORLANDO, FL 32811		
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	City/State and Zip Code	
	KORUCHO@GMAIL.CO		
	E-mail address:	to be used for future annual report notifica	ition)
For further informat	tion concerning this matter, please	call:	
KIRILL KOCHOR	ov	407 549-6951	
N	ame of Person	Area Code Daytime To	elephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	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 A</u> Registrat	ddress: tion Section	Street Address: Registration Section	on
	of Corporations	Division of Corpo	rations
P.O. Box	k 6327	The Centre of Tal	
Tallahass	see, FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

3 11/9/2022

03:33 PM

Page:

Page: -4 11/9/2022

03:33 PM TO:18506176383 FROM:4078975336 ARTICLES OF AMENDMENT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

KEY MOVE LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our rec a Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C		ords.) SSCON No. 17 Annual assumed Tandassumed Tandass
Florida document number 1.20000303849		19 F
This amendment is submitted to amend the following:	_	MHID: 00
A. If amending name, enter the new name of the lim	ited liability company here:	00 00
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	<u> </u>	J.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enjer Florida street ad	device
		Florida
	City	ny cour

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

1100

age: -5 11/9/2022 03:33 PM TO:18506176383 FROM:4078975336
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
AMBR	LIUDMILA LISZKA	10449 SPARKLE COURT	
		ORLANDO, FL 32836	≣Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change

	her information, enter change(s) here		
		-	
			_
an effective date is list Note: If the date in	her than the date of filing: ed, the date must be specific and cannot be prior erted in this block does not meet the applic date on the Department of State's records.	to date of filing or more than 90 days after fil able statutory filing requirements, this d	ing.) Pursuant to 505.0207
record specifies a c l is filed.	layed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Pated 11/09	2022	7/	
	YX P WHILL	/	

age: _-6 11/9/2022 03:33 PM TO:18506176383 FROM:4078975336

Filing Fee: \$25.00