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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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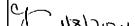




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COVER LETTER

TO: Registration S Division of Co		•	,	
, subject: <u>\$ €</u>	nart Load Syst Name of Lim	Tem \$ ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	OLeksand	Staroverov Name of Person		
		Firm/Company		
	8313 nw 8	th way Address		
	Boca Raton	FL 33487 City/State and Zip Code		
	Smartle	to be used for futura annual report notice	OW!	
For further information of	concerning this matter, please ca	all:		
Oleksandr Name o	Staroverov of Person	at (<u>561</u>) <u>526</u> Area Code Daytim	5887 Telephone Number	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cleksandr Staroverov Name of Person				
图 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

Swart Load Syst. (Name of the Limited Liab) (A Flori	eins LLC	2023 0 L O 20 PM 5: 23
(A Flori	da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on <u>1010</u>	6/2020 and assigned
Florida document number <u>Ĺ 2 0000 3 165 2 9</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
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:	ed office address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	Florida
	$\epsilon \eta y$	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Oleksandr Staroverov	8313 Nw 8th Way	□Add
		Boca Roton FL 33487	&Remove
			□Change
AMBR	Viktoriia Khukhra	8328 Nw 9th ave	□Add
		Boca Raton FL 33487	⊠Remove
			□Change
<u>AMBR</u>	Boris Tsymbal	13/203 Fadeeva st	⊠Add
		Sevostopol Ukraine 99057	□Remove
			Change
			□Remove
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an effe	ve date, if other than the date of filing:
ocume	nt's effective date on the Department of State's records.
record is file	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 ed.
ated _	12/08/2023
	HN.
	Signature of a member or authorized representative of a member
	OLeksandr Starovorov Typed or printed name of signee