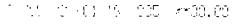
120000319892

(Requestor's Name)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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2022 APR -5 PM 4: 04
TRANSPORTATE

A. BUTLER APR 1 9 2022

COVER LETTER

	Registration Sec Division of Corp			4	,
	TELA IMP	EX LLC			
SUBJEC	T:	Name of Limi	ted Liability Company		
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		VIKTOR V KORYAVYK	н		
			Name of Person		
		TELA IMPEX LLC			
			Firm/Company		
		3130 SW 19TH STREET,	UNIT 449		
		-	Address		-
		HALLANDALE BEACH			
			City/State and Zip Code		
		viktor77@telaimpex.com E-mail address: (1	to be used for future annual	report notification)	
For furthe	er information c	oncerning this matter, please ca			
VIKTOR	V KORYAVY	КН	954 701 at ()	3-9810	
	Name o	f Person	Area Code	Daytime Teleph	one Number
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Ac	deress:	
	Registration ! Division of C			n of Corporati	ons

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

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

TELA IMPEXILLO

2022 APR -5 PM 4:04

(A Florida Limited	Liability Company)	TALLAHASSEF	STATE
	were filed on 10/09	/2020	and assigned
Florida document number L20000319892			
This amendment is submitted to amend the following:	and document number L20000319892 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: sipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The Articles of Organization for this Limited Liability Company were filed on 10/109/2020 and assigned 10/109/2020 and as			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the</u> name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		e: signation "LLC" or the abbreviation "L.L.C." cords, enter the name of the new registerer da street address	
		, F10F1G2	Zip Code
Van Dagistand Laure's Signature if shanging Dagistared Laure			

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, 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>	<u>Address</u>	Type of Action
MGR	VALERII SYROVATSKA	4100 Island Blvd, Unit 1101	■Add
		Aventura, FL 33160	□Remove
			□Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
	- 		
			□Remove
			□ Change

		
 -		
-		
		
If an effective da Note: If the d	e, if other than the date of filing:	07 (1 as th
e record speciford is filed.	lies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ie
Dated 3rd of I	March 2020 /	
	Signature of a member or authorized representative of a member	
VI	KTOR V KORYAVYKH Typed or printed name of signee	

1 -

Filing Fee: \$25.00