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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Registration Section

| Div            | ision of Cor                 | porations                                 |   |  |  |
|----------------|------------------------------|---|---|--|--|
| eubicet.       | Petrenko &                   |   |   | •  |  |
| SUBJECT:       |                              | Name of Lin                               | ited Liability Company  |  |  |
|                |                              |   |   |  |  |
| The enclosed   | d Articles of                | Amendment and fee(s) are sub              | omitted for filing.   |  |  |
| Please return  | i all correspo               | ndence concerning this matter             | to the following:   |  |  |
|                |                              | Martha Beldor                             |   |  |  |
|                |                              |   | Name of Person  | <del></del>  |  |
|                |                              | <del> </del>                              | Firm/Company  | <del></del>  |  |
|                |                              | 2639 Debany Rd                            |   |  |  |
|                |                              |   | Address   |  |  |
|                |                              | Kissimmee, FL 34744                       |   |  |  |
|                |                              | Marthabeldor6@gmail.com                   | City/State and Zip Code   |  |  |
|                |                              | E-mail address: (                         | to be used for future annual report                                 | notification)  |  |
| For further in | nformation c                 | oncerning this matter, please c           | all:  |  |  |
| Martha Beld    | lor                          |   | 727 5033025<br>at ()  |  |  |
|                | Name o                       | f Person                                  | Area Code Day   | time Telephone Number  |  |
| Enclosed is a  | a check for th               | ne following amount:                      |   |  |  |
| ■ \$25.00 H    | Filing Fee                   | S30.00 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) |  |
|                | iling Addres<br>gistration S |   | Street Address  |  |  |
|                |                              | orporations                               |   | Registration Section Division of Corporations  |  |
|                | D. Box 632                   | •   |   | f Tallahassee  |  |
| Tal            | llahassee, I                 | FL 32314                                  | 2415 N. Mor   | roe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETRENKO & CO. LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited)  | inv as it now appears on our records.)<br>Liability Company) | 202                       |
|--|--|---------------------------|
| The Articles of Organization for this Limited Liability Company  | were filed on 11/10/2020                                     | ⇒ and assigned            |
| Florida document number L20000355957   |  |                           |
| This amendment is submitted to amend the following:  |  | AN IO                     |
| A. If amending name, enter the new name of the limited liab  | ility company here:  | F A S 0                   |
| Athram Collective, LLC   |  |                           |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or                      | the abbreviation "L.L.C," |
| Enter new principal offices address, if applicable:  | 2639 Debany Rd   |                           |
| (Principal office address MUST BE A STREET ADDRESS)  | Kissimmee, FL 34744  |                           |
| Enter new mailing address, if applicable:  | 2639 Debany Rd   |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   | Kissimmee, FL 34744  |                           |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, <u>enter the</u>                     | name of the new registe   |
|  |  |                           |
| New Registered Office Address:   | Enter Florida street address                                 |                           |
|  | , Florid   | la                        |
|  | 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

| <u>Title</u> | Name             | Address                         | Type of Action |
|--------------|------------------|---------------------------------|----------------|
| MGR          | Valerii Petrenko | 3427 Pavilion Palms Cir Apt 404 | □Add           |
|              |                  | Riverview, FL 33578             | ■Remove        |
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| ffect                                 | ive date, if other than the date of filing:  |
| t an ett                              | ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| Note:                                 | ent's effective date on the Department of State's records.   |
| Note:                                 |  |
| <u>Note:</u><br>docum                 |  |
| Note:<br>docum<br>: recor             | d 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   |
| Note:<br>docum<br>e recor             |  |
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