## K21000042117

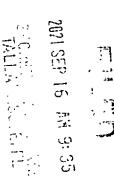
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· <del></del>				
Special Instructions to Filing Officer:				

Office Use Only



600373166056

09/16/21--01012--022 \*\*25.00



D FRUCE SEP 24 2021

## **COVER LETTER**

TO:	Registration Se Division of Cor			9-	
	Liapushkin	LLC	•		
SUBJE	.l: <u></u>				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Aleksei Liapushkin			
		<del> </del>	Name of Person	_	
		Liapushkin LLC			
			Firm/Company	_	
	2455 Wattle Tree Rd W				
	Address				
		Jacksonville, Florida, 3224	6		
			City/State and Zip Code	_	
		aleks.liapushkin@gmail.com			
			to be used for future annual report notification)		
For furth	ser information co	oncerning this matter, please co	dl:		
Aleksei	Liapushkin		972 3023556	202 3-7	
	Name of	f Person	at ()  Area Code Daytime Telephone Numb	2021 SEP 16 M	
Enclosed	l is a check for th	ne following amount:			
≣ 825	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Ree.  rate of Status & color Copy Color Copy Color Co	

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

Liapushkin LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on Jability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on January 21, 2021 and assigned					
Florida document number L21000042117	<del></del>				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the design	ution "LLC" or the abl	breviation "L.L.	<u>(</u>
Enter new principal offices address, if appli	2544 Wattle Tree Ro	d W. Jacksonville, FI	32246		
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:	2544 Wattle Tree Ro	d W. Jacksonville, Ft	., 32246		
(Mailing address MAY BE A POST OFFICE					
B. If amending the registered agent and/or agent and/or the new registered office addresses		iddress on our recor	ds, <u>enter the nam</u>	e of the new	<u>registered</u>
Name of New Registered Agent:	Aleksei Liapush	nkin		2021 31	<del></del> -
New Registered Office Address:	2544 Wattle Tro	<u> </u>		<u> </u>	
		Enter Florida s	•	S. S.	7 774
	Jacksonville		, Florida <u>322</u>	140 🚉	5 1 1 
		City	-		
New Registered Agent's Signature, if changing	Registered Agent:		1	35	

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

Title	Name	Address	Type of Action
AMBR	Anna Liapushkina	7845 Paradise Island Blvd, apt. 4906	□ Add
		Jacksonville, Fl. 32256	
			□Change
			□Add
			□Remove
			□Change
			□Remove
		<del></del>	□Change
			ZIBI SEP
			Remove T
			—————————————————————————————————————
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (Optional) r OT (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated

Sept 9
2021

Signature of a member or authorized representative of a member

Aleksei Liapushking

Typed or printed name of signee

Filing Fee: \$25.00