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(Re	questor's Name	<u> </u>
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(Cit	ry/State/Zip/Phor	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

## **COVER LETTER**

TO: Registration Sec Division of Corp				
Δ	EL FTA GYMNAS	stics I LC	<b>)</b>	
SUBJECT: / 1	ELİTA GYMNAS	ited Liability Company	<u>:</u>	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	DMYTZ	Name of Person		
	AELITA G	YMNASTICS LLC Firm Company	-	
		Firm/Company		
	1935 NE	150TH ST		
		Address		
	NORTH ME	SAMT F1.33181		
		SAME FL 33484 City/State and Zip Code		
	ANDREWGALCE	to be used for future annual report notif		
	E-mail address: ()	to be used for future annual report notif	fication)	
For further information ec	incerning this matter, please co	ill:		
DMYTRO VLA	(SOV	at ( <u>786</u> ) <u>381 6</u> Area Code Daytime	5177	
Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	e following amount:			
¥ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Address		Street Address:	ati un	
Registration S Division of Co		Registration Sec Division of Cor		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AELITA GYMNA	stics LLC	21 SET -7 P	1 3: 15
(Name of the Limited Liabili (A Florida	ty Company as it now a Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability C Florida document number <u>  と</u> 1つのイイティイ		03/11/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compar	<u>ny here</u> :	
The new name must be distinguishable and contain the words "Lin	ited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered	d office address on o	ur records, <u>enter the name</u>	of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	,		
	Enter Florida street address		
<del></del>	Cuv	Florida	Zin Code
New Registered Agent's Signature, if changing Registere			zsp e oue
I hereby accept the appointment as registered agent		this canacity. I further agre	re to comply with
provisions of all statutes relative to the proper and c			

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 21 SET -7 PM 3: 15 Type of Action <u>Title</u> Name Address 2489 PROVENCE CIR, DANG MGR LUZIETTI MARISSA WESTON, FL 33327 YREMOVE \_\_\_\_\_\_ □Change \_\_\_\_\_ Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 📈 🗀 Add \_\_\_\_\_\_ □Remove \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ □Add \_\_\_\_\_ Remove

	21 SEP -7 PH 3:	15
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		<del></del>
		<del></del>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) than 90 days after filing.) Purs equirements, this date will (	suant to 605,0207 not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	the earlier of: (b) The 90th	h day after the
Dated 08 (31 / 2021		
Signature of a member or authorized representative of		
DMYTRO VLASOV	i member	

Filing Fee: \$25.00