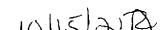
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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions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





10/06/21--01015--010 \*\*25.00



## **COVER LETTER**

Division of Corp			
SUBJECT:	AELITA GYMNA	ASTICS LLC	
	Name of Limi	ted Liability Company	
The analoged Articles of	Amendment and fee(s) are subr	mitted for filing	
The enclosed Afficies of A	Amendment and tee(s) are sub-	maco for ming.	
Please return all correspon	ndence concerning this matter t	to the following:	
	DMYTRO	V(ASW Name of Person	
		Name of Person	
	V 52 1 2 7 Y	CVILLETTOS	11.0
		GYMNASTICS Firm/Company	
	1935 NE	Address	
		Address	
	North Mia	City/State and Zip Code	
		City/State and Zip Code	<del></del>
		LOG © GMATL.  o be used for future annual report notif	
	E-mail address: (to	o be used for future annual report notif	ication)
For further information ed	oncerning this matter, please ca	11:	
DMYTRO	VIASOV	1286 381	5177
Name of	Person	at ( <u>786</u> <u>3\$1</u> Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	S60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
•		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	Al a se
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 6321	-	The Centre of T	l .

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>03/11/2021</u> and assigned florida document number <u>421000117149</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:
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 amonding 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> <u>T</u>	vpe of Action
MGR	VERONICA MARIA TIRADO LUCIANO	2651 NE 212+h TERRACE	MAdd
	TIRADO LUCIANO	#206 AVENTURA FL3218	12 Remove
			□Change
			□Add
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<u>.</u>	,		□Add
			□Remove
			□Change

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec	e date, if other than the date of filing:(optional) ive 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
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
ord is filed	
Dated _	30 SEPTEMBER 2021  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	UMYTRO YLASOU

Filing Fee: \$25.00