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(Requestor's Name)	
(Address)	000367411
(Address)	000007-111
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	06/03/2101003
(Business Entity Name) (Document Number)	
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COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations		
n SUBJECT:	OFIRIO FL	LLC	٠. *	% ₫
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		KOSHATKO MYKHAIL	0	
			Name of Person	
		OFIRIO FLALC		
			Firm Company	
		2035 NE 151ST ST		
			Address	
		NORTH MIAMI BEACH	, FL 33162	
			City/State and Zip Code	
		admin@offrio.com		
		E-mail address: (to be used for future annual report not	(fication)
For further in	iformation co	oncerning this matter, please ca	all:	
KOSHATKO	Э МҮКНАІ	LO	305 495-8354 at ()	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30,00 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)
Reg	iling Addres gistration S vision of C		<u>Street Address:</u> Registration Se Division of Co	rporations
). Box 632 lahassee, I		The Centre of T 2415 N. Monre Tallahassee, FI	e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

BILLING SO OF

OFIRIO FL LLC

(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 Compa	any were filed on 03/13	and assigned
Florida document number 1.21000129547		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here	:
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our rec	ords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	i street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and oppositions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this ca lete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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>	Address	Type of Action
MMO.	KOSHATKO MYKHAILO	2035 NE 151ST ST	□Add
		NORTH MIAMI BEACH, FL 33162	≡ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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			□ Change

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		Typed or printed name of signee

Filing Fee: \$25.00