

L21000129547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

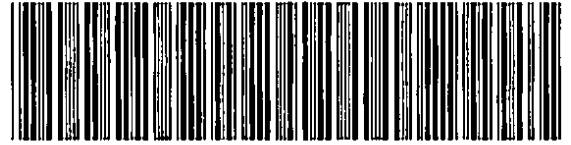
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SECRET
2021 DEC 17 AM 8:15
FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ofivio FL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Miles
Name of Person

Ofivio Fb LLC
Firm/Company

2035 NE 151 St
Address

North Miami Beach FL 33162
City/State and Zip Code

alex @ ofivio.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Miles at (305) 988 3912
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

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

FILED

2021 DEC 17 AM 8:45

Oficio Fb LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/18/21 and assigned Florida document number 621000129547.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

B. If amending the registered agent and/or registered office address on our records, 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 Florida street address

_____, Florida _____

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>0</u>	<u>Charles Tanner</u>	<u>2418 Spring LN 5741</u>	<input type="checkbox"/> Add
		<u>Austin TX 78703</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>0</u>	<u>Andrew Reznik</u>	<u>345 E 93rd st</u>	<input type="checkbox"/> Add
		<u>NY, NY 10128</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>0</u>	<u>Ninoley Polyushkin</u>	<u>2101 NE 44th st</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale FL 33308</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ninoley Polyushkin</u>	<u>2101 NE 44th st</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale FL 33308</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ofivio Inc.</u>	<u>2035 NE 151st st</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami Beach FL 33162</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jurgis Plinaitis</u>	<u>2035 NE 151st st</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami Beach FL 33162</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

In Summary these are the changes:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- 1) Remove Charles
- 2) Remove Andrew
- 3) change Nikolay from "O" to "AMBR"
- 4) Add Jorgis

E. Effective date, if other than the date of filing: _____ (optional)

(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)

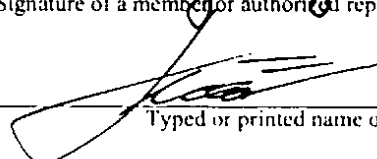
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/8/21

Nikolay Polyushkin

Signature of a member or authorized representative of a member



Typed or printed name of signer