

L21000129547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

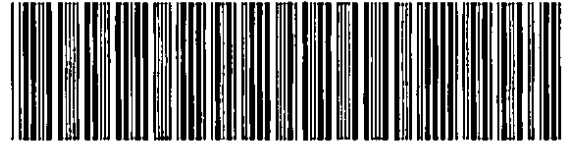
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2021 DEC 17 AM 8:15
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ofrio 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

Ofrio FL LLC
Firm/Company

2035 NE 151 St
Address

North Miami Beach FL 33162
City/State and Zip Code

alex @ ofrio.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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

Oficio Fb LbC

~~SECRET~~ records.)

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
		<u></u>	<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
		<u></u>	<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
		<u></u>	<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
		<u></u>	<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
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jorgis Plinaitis</u>	<u>2035 NE 151st st</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami Beach FL 33162</u>	<input type="checkbox"/> Remove
		<u></u>	<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)

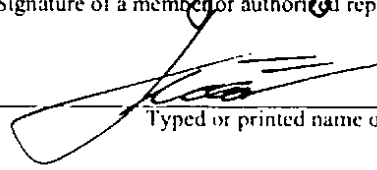
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Filing Fee: \$25.00