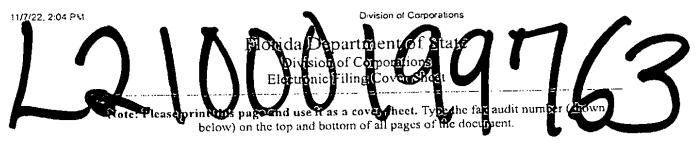
13056476040

To DIVISION OF CORPORATIONS



(((H220003805703)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (350)617-6383 From: Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2784 Fax Number : (305)647-6040 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 0 Email Address:___ ÷ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTELINE, LLC Certificate of Status 0 Certified Copy 06 Page Count \$25.00 Estimated Charge NOV 07 2022

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER 3

(((H22000380570 3)))

| TO: | Registration Se Division of Cor | | | | | | |
|----------------|---|--|---|--|--------------------|--|--|
| | ESTELINE | | | | | | |
| SUBJEC | 77: | Name of Limited Liability Company | | | | | |
| The anai | losed Atticles of | . Amendment and fee(s) are subn | nitted for filing. | | | | |
| | | ondence concerning this matter t | | | | | |
| | | Viktoriia Pryimak | | | | | |
| | | | Name of Person | | | | |
| | | 6901A N 9TH AVE #844 | | | | | |
| | | | Firm/Company | | | | |
| | | ESTELINE LLC | | | 20 | | |
| | | | Address | | 1022 HOV | | |
| | | PENSACOLA, FL 32504 | | | - A0 | | |
| | | | City/State and Zip Code | e de | " - < - | | |
| | | info@miaccounting.us E-mail address: (t | to be used for future annual report | notification) | | | |
| For furt | her information | concerning this matter, please ca | | | # 3: 22 | | |
| Viktori | ia Pryimak | | 305 610-270 | 1.4 | 10 | | |
| <u></u> . | Name | of Person | Area Code Do | lytime Telephone Number | | | |
| Enclose | ed is a check for t | the following amount: | | | | | |
| ≘ \$ 25 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee. | Section Corporations 27 | The Centre | n Section Corporations of Tallahassec onroe Street, Suite 810 | | | |

(((1122000380570 3)))

From: MADINA bahretdinova

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on Liability Company) | our records.) | |
|--|--|---|-------------------------|
| The Articles of Organization for this Limited Liability Company 1.21000199763 | | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | | |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company," the desig | nation "LLC" or the | abbreviation "L.1C." |
| 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) | | | <u></u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our reco | rds, <u>enter the na</u> | me of the new registers |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida | street address | |
| | , Florida | | |
| | Cuy | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | | | |
| I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | te performance of my s provided for in Cha | v auties, ana 1 ar apter 605, F.S. C | r, if this document is |
| | Dairead Agan | Signature of Nov. | Venistered 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: (((1122000380570 3)))

MGR = Manager AMBR = Authorized Member

To: DIVISION OF CORPORATIONS

| <u>Title</u> | Name | Address | Type of Action |
|--|-------------------|--|---------------------------|
| AMBR | Viktoriia Pryimak | Zabolotnogo street 7, flat 33 | □Add |
| | | Vinnytsia 21037 UA | Remove |
| | | | Change |
| AMBR | Aleksei Kon | 60 Amathountos Leoforos Agios Tychon | |
| | | flat 201 block 3 sandiz beach apartments | □Remove |
| | | Limassol 4532 Cyprus | |
| | | | |
| -201-11-11-11-11-11-11-11-11-11-11-11-11-1 | | | □Remove 222 NOV - 7 PH CO |
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| | | | □Remove |
| | | | (((H22000380570 3))) |

Page: 8 of 8

From: MADINA bahratdinova

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|---|--|----------------------------|
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| (ontional | ` | |
| E. Effective date, if other than the date of filing: | y.) Pursuant to 605 e will not be liste | i.0207 (3)(b) ed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Trecord is filed. | he 90th day afte | ı th c |
| Dated 2022 | | |
| Dinein | | |
| Signature of a member or authorized representative of a member | | |

Typed or printed name of signee