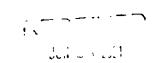
La1000256558

(Requestor's Name)
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TO:	Registration Se Division of Cor			, p
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SUBJE	CI:	Name of Lim	ited Liability Company	···
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Ivan Shpak		
			Name of Person	
			Firm/Company	
		1420 Pine Warbler Place,		
		Sarasota, FL 34240	Address	
			City/State and Zip Code	
		transgroup7777@gmail.com		
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report nall:	otification)
Olha M	ioshkola		94) 246-9744 _at()	
	Name o	f Person	Area Code Dayı	time Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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 radditional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	·
	Division of C	orporations	Division of C	orporations
	P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303;

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSGROUP7 LLC			
(Name of the Lin	ited Liability Company as it r (A Florida Limited Liability C	ompany)	
The Articles of Organization for this Limited Florida document number <u>L21000256558</u>	Liability Company were fi	led on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		2821
(Principal office address MUST BE A STRE	ET ADDRESS)		·· <u>E</u>
			. 28
			7. 7.
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u></u>
B. If amending the registered agent and/or agent and/or the new registered office addr	C.	on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	Olha Moshkola		
New Registered Office Address:	1420 Pine Warbler Plac	e. Unit 1208	
Camery Carrier		Enter Florida street address	
	Sarasota	Flori	da <u>34240</u>
	Cin		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registed provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete perfori	mance of my duties, and	Lam familiar with and

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>	Name	Address	Type of Action
MGR	Olha Moshkola	1420 Pine Warbler Place, Unit 1208	= Add
		Sarasota, FL 34240	□Remove
			□Change
			□Add
			□Remove
			Change
			Change
			Remove
			를 Benge
			□Remove
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Affective date, if other that an effective date is listed, the date in serted in a locument's effective date on	his block does not me	eet the applicable st	of filing or more than 90 attutory filing requires	(optional)) days after filing.) nents, this date w	Pursuant to 605.0201 vill not be listed as
record specifies a delayed el d is filed.	fective date, but not a	in effective time, at	12:01 a.m. on the ear	lier of: (b) The	90th day after the
June 25	,	2021			
ateu	/		representative of a mem		
	1				

Typed or printed name of signee