

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

'n	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : 120220000131 Phone : (305)610-2704 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.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POTTINGER LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

JAN 2 3 2023

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

(((H23000023363 3)))

Registration Section
Division of Corporations

ВЈЕСТ:

POTTINGER LLC

DS 17C 17	Name of Lim	nted Liability Company			
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
ase return all correspo	ondence concerning this matter	to the following:			
	VÖLODYMYR KULIKO	v			
		Name of Person			
	POTTINGER LLC				
		Firm/Company			
	1520 MCKINLEY ST., U	NIT 216			
		Address			
HOLLYWOOD, Fi. 33020					
		City/State and Zip Code			
	info@miaccounting.us		44		
		to be used for future annual report not	ification)		
further information of	concerning this matter, please o	all:			
LODYMYR KULIKOV		305 610-2704			
Name o	of Person	at () Area Code Daytin	ne Telephone Number		
closed is a check for t	he following amount:				
\$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ci \$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 of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations		

Tallahassee, FL 32303

(((1123000023363 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POTTINGER LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ie Articles of Organization for this Limited Liability Company were filed on $\frac{06/25/2021}{1}$ _____ and assigned orida document number 1.21000294837 ais amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: te new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "D.I. 2200 SoLé Mia sq lane apt 303 nter new principal offices address, if applicable: North Miami, FL 33181 Principal office address MUST BE A STREET ADDRESS) 2200 SoLé Mia sq lane apt 303 inter new mailing address, if applicable: North Miami, Fl. 33131 Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

(((H23000023363/3)))

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

(((£123000023363.3)))

GR = Manager 4BR = Authorized Member

<u>11e</u>	<u>Name</u>	<u>Address</u>	Type of Action
GR	VOLODYMYR KULIKOV	2200 SoLé Mia sq lane apt 303	□EAdd
	·	North Miami, FL 33181	CRemove
			■ Change
<u></u>			TAdd
			TRemove
		☐Change ☐Add ☐Remove	
			i∆dd
			□Remove
			EChange
		/ / / / / / / / / /	
			Remove
			DChange
			□Remove
			☐ Change
			(((H23000023363 3)))

						_, 		
				<u> </u>				
								
		_,						
		·						
							~	
								-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								÷
							20	= ;
								7.5
							AH :	
				· · · · · · · · · · · · · · · · · · ·			~	
					·			2
					•			
				11/2				
	·							
etive date, if other than the date offective date is listed, the date must be seen at the date inserted in this block of ment's effective date on the Depart	pecific and cannot loss not meet the	be prior to da applicable	statutory fil	more than 90 ling requiren	ients, this da	ig) Pursuant i	o 605.02 e listed	207 (. as tl
ord specifies a delayed effective dat filed.	e, but not an effe	ctive time,	at 12:01 a.n	n. on the ear	ier of: (b)	The 90th day	after tl	he
d 19 JANUARY	2023							
		1)	Charl.	,				
Sim	ature of a member	or authorized	dienreserrat	ve of a memb	•	. 	_	

 $(((1123000023363\ 3)))$