

9/9/24, 2:04 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000306717 3)))



H240003067173ASC

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 : (850)617-6383

From:

Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : I20200000106
Phone : (561)927-7157
Fax Number : (305)912-0167

****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
NUTRIX TERRA LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NUTRIX TERRA 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:

OLEKSANDR BIELIAIEV

Name of Person

Firm/Company

789 W YAMATO RD APT 602

Address

BOCA RATON, FL 33431

City/State and Zip Code

3123377@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEKSANDR BIELIAIEV

754 2743335
at ()

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

NUTRIX TERRA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/02/2021 and assigned
Florida document number L21000305118.

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:

621 NW 53RD STREET SUITE 125

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33487

Enter new mailing address, if applicable:

621 NW 53RD STREET SUITE 125

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33487

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:

ROZENKOV OLEKSII

New Registered Office Address:

789 YAMATO RD APT 602

Enter Florida street address

BOCA RATON

, Florida 33431

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.

Sep-09-2024

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>
MGR	KYIASHKO IURI	1800 S OCEAN DR APT 2410	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROZENKOV OLEKSII	789 W YAMATO RD APT 602	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BIELIAIEV OLEKSANDR	789 W YAMATO RD APT 602	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 09/09/2024 (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 9TH OF SEPTEMBER, 2024

Sep-09-2024

Signature of a member or authorized representative of a member

OLEKSANDR BIELIAIEV

Typed or printed name of signee