

L21000305187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

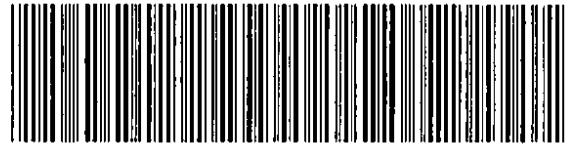
(Business Entity Name)

(Document Number)

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07/12/23--01014--004 **25.00

PAID BY MAIL

2023 JUL 12 AM 7:46

11-11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skipbetter 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:

Anton Zherelyev

Name of Person

Firm/Company

2837 SW 34th Ave

Address

Miami, FL 33133

City/State and Zip Code

azherelyev@gmail.com

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

For further information concerning this matter, please call:

Karolyn Knaack

512 879-7217

Name of Person

at (_____) _____
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

2023 JUL 12 AM 7:46

Skipbetter LLC

FILED SEP 11 2023

(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 L21000305187.

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:

2837 SW 34th Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33133

Enter new mailing address, if applicable:

2837 SW 34th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33133

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:

Anton Zherelyev

New Registered Office Address:

2837 SW 34th Ave

Enter Florida street address

Miami

Florida 33133

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.


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	Gonzalo Corzo	103 CENTURY 21 DR	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Change
AMBR	Diego Corzo	11301 BACHMAN DR	<input type="checkbox"/> Add
		AUSTIN, TX 78754	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Domimic Felia	15792 Tisons Bluff Rd	<input type="checkbox"/> Add
		Jacksonville FL, 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gonzalo Corzo	103 CENTURY 21 DR	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Change
AMBR	Anton Zherelyev	2837 SW 34th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anton Zherelyev	2837 SW 34th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add AMBR Adam Barber,

692 Saint Blaise Rd, Gallatin TN, 37066

Add AMBR Felipe Mejia,

104 Oak Hill Dr, Smyrna TN, 37167

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 07-03, 2023



Signature of a member or authorized representative of a member

Anton Zherylyev

Typed or printed name of signee

Filing Fee: \$25.00