K21 000 420 123

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
I colin las
10/19/21
I IM

Office Use Only



700373051367 RECEIVED

10/05/21--01005--020 **25.00

COVER LETTER

TO:

Registration Section

Division of Co.	rporations			
cupiecy.		CHINE MIKA LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		ANATOLY NAZAROV		
		Name of Person		
	R	ED MACHINE MIKA LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1	7150 N BAY RD, APT 2705		
		Address		
	SUN	NY ISLES BEACH, FL 33160		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		SD280210@BK.RU		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
ANATOLY	NAZAROV	305 497-9459		
Name (of Person	at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	27	The Centre of	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF

	MACHINE MIKA LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Conforda document number	mpany were filed on	09/23/2021	and assigned
This amendment is submitted to amend the following:	-		
A. If amending name, enter the new name of the limits	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		·····	
Principal office address MUST BE A STREET ADDRE	<u> </u>		
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 agent and/or the new registered office address here:	office address on our re	cords, <u>enter the na</u> r	ne of the new regist
Name of New Registered Agent:			
New Registered Office Address:	E . Et .	la street address	
	Enter Florid	ia street address	
	<i>C</i> :	, Florida _	Zip Code
	Citv		гір Соае

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

21 007 -4 PH 3: 18

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ZEINALAVA, KHATSIRA	17150 N BAY RD APT 2705	□Add
		SUNNY ISLES BEACH, FL 33160	■ Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			□Change
	- -		□Add
			□ Remove
			□Change
			□Add
			□Remove

_____ Change

lf amendin	ng any other information, ent	iter change(s) here: (Attach additional sheets, if necessary.)
		
*** **		
-		
·		
Note: If the	ate, if other than the date of date is listed, the date must be specific date inserted in this block does effective date on the Department	filing: (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (s not meet the applicable statutory filing requirements, this date will not be listed as t nt of State's records.
e record spe rd is filed.	cifies a delayed effective date, bu	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER 30	2021
		Att)
-	Signature	re of a member or authorized representative of a member
		ANATOLY NAZAROV
-		Typed or printed name of signee