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(Requestor's Name)
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J. HORNE
NOV - 4 2024
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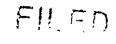
1-11. -(1) 2021 NOV -1 PM 5: 32 .secretary for the

## **COVER LETTER**

TO: Registration Sec Division of Corp		• •	4 2
SUBJECT: YK IN	stallations LL Name of Lim	ited Liability Company	· ·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Huriy Kriku	Name of Person	<del></del>
	YK Installat	Firm/Company	
	6146 San S	ahador Road	<u> </u>
	North Port F	2 34251 City/State and Zip Code	
		mail. Com  Obe used for future annual report no	ification)
For further information co	ncerning this matter, please co	all:	
Yuriy Kriku	NOV Person	at ( <u>916</u> ) <u>595-</u> Area Code Daytir	606/ ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 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 enclo-
Mailing Address	<u>.</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



2021 NOV -1 PH 5: 32

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THE MISSICHICATIONS C	THE THE	ANA_NEE
(Name of the Limited Lia (A Flo	ability Company as it now appears on our recording Limited Liability Company)	<del>(ds.</del> )
The Articles of Organization for this Limited Liabilit	ty Company were filed on 10/04/20	and assigned
lorida document number <u>L21000 43389</u>		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX</u>		
	1.65	
<ol> <li>If amending the registered agent and/or registerent and/or the new registered office address her</li> </ol>		r the name of the new regis
	···	
Name of New Registered Agent:		·
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ess
	. <b>F</b>	lorida
_	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

114 Inchallations 110

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yuriy Krikunov	6146 Sun Salvador Road	<b>⊋</b> Add
		North Port FL 34291	Remove
			□Change
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cume	nt's effective date on the Department of State's records.
ecord is file	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 d.
nted	10/27/2021
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	Fighter of a mark as a standard and a second to a second
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00