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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: SUAVE SE	ERVICES LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEKSANDR ROMANC	НИК СРА	
		Name of Person	
	ROMANCHUK CPA LLC		
		Firm/Company	<del></del>
	11 PFROMMER AVE		
		Address	
	BUDD LAKE, NJ 07828		
		City/State and Zip Code	
	ROMAN@RFG.TAX	to be used for future annual report not	(funtion)
For further information ea	oncerning this matter, please e		meatony
ALEKSANDR ROMAN		at (347 ) 845-6471	T.J. o.b. o. Moode or
Name o	rerson	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, F	FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000506681	ny were filed on 11/29/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		7.
Trincipal Office address Proof Dis 1 STREET TOOKSON		150
	-	
Enter new mailing address, if applicable:		70
(Mailing address MAY BE A POST OFFICE BOX)		·
The state of the s		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u> t	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	<del></del>
	Enter Florida street add	aress
		Florida
	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>	Address	Type of Action
MGR	DAVID SCHUBIGER	6608 GROVELAND DR	
		JACKSONVILLE, FL 32211	□Remove
			Change
		_	□Add
			□Remove
		<u> </u>	☐Change
			□ Add
			□Remove
		<del></del>	Change
			□Remove
			□ Change
			□Remove
		<del></del>	□Change
		_	□Add
		-	□Remove
			□Change

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		<del></del>	·-		
(If an effective Note: If the	date, if other than the date of the date is listed, the date must be specified date inserted in this block do is effective date on the Departm	ecific and cannot be prior t es not meet the applica			
the record sp cord is filed.	ecifies a delayed effective date.	but not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
Dated FE	BRUARY 24	2024  Like OV a member of autho	rized representative of a	nember	
	ALEKSANDR ROMANCHU	t' ('INA			