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(Req	uestor's Name	•)
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2022 JUL 25 PH 3: 4

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration So Division of Cor			
CHD ILC	Plasma Shi			
SUBJEC	· I ; <u> </u>	Name of Lim	ited Liability Company	<u> </u>
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Caleb Nichols		
			Name of Person	
			Firnt/Company	
		3225 McLeod Drive, Suite	: 100	
			Address	
		Las Vegas, Nevada 89121		
		ra@andersonadvisors.com	City/State and Zip Code	
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Caleb Ni		,	800 706-4741	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

....

Plasma Shield LLC

2022 JUL 25 PH 3: 44

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

(Name of the Emilieu)	Florida Limited Liability Company)	• '
The Articles of Organization for this Limited Liabi Florida document number <u>L22000124902</u>		and assigned
This amendment is submitted to amend the followi		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
B. If amending the registered agent and/or regis		he name of the new registe
agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flo	rida

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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Oleg Patsulya	18401 Collins Avenue, Suite 1270	= Add
		Sunny Isles Beach, Florida 33160	□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			□Add
			🗀 Remove
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ective date, if other than the	e date of filing:	date of filing or more than 90 days after filing.) Pursuant to 60	is 0202
te: If the date inserted in this l	block does not meet the applicabl	e statutory filing requirements, this date will not be lis	ted as
cument's effective date on the l	Department of State's records.		
			. 1
ecord specifies a delayed effect is filed.	ve date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
July 15 ted	. 2022		
W Wils			
leth Paris >	Signature of a member or authoriz		
	Signature of a member or authoriz	ed representative of a member	
Caleb Nichols, Author	ized Representative		
	Typed or printed r	name of signee	