

L22000125239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

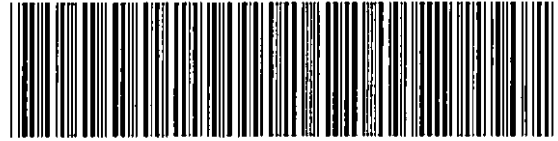
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/18/23--01016--017 \*\*60.00

FILED  
MAY 18 2023  
FBI - BOSTON

## COVER LETTER

TO: Registration Section  
Division of Corporations  
AMPK Holdings, LLC

SUBJECT: \_\_\_\_\_  
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:

Pavel Krut

\_\_\_\_\_  
Name of Person

AMPK Holdings, LLC

\_\_\_\_\_  
Firm/Company

212 Fremont Ave

\_\_\_\_\_  
Address

Staten Island, NY 10306

\_\_\_\_\_  
City/State and Zip Code

sales@alphalgorithm.com

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

For further information concerning this matter, please call:

Pavel Krut 718 4063536

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>                   |
|--------------|--------------------------|--|---|
| AMBR         | Fiorella Carolina Garcia | 212 Fremont Ave, Staten Island, NY 10306 | <input checked="" type="checkbox"/> Add |
|              |                          |  | <input type="checkbox"/> Remove         |
|              |                          |  | <input type="checkbox"/> Change         |
| AMBR         | Lyubov KRUT              | 212 Fremont Ave, Staten Island,          | <input checked="" type="checkbox"/> Add |
|              |                          | NY 10306                                 | <input type="checkbox"/> Remove         |
|              |                          |  | <input type="checkbox"/> Change         |
|              |                          |  | <input checked="" type="checkbox"/> Add |
|              |                          |  | <input type="checkbox"/> Remove         |
|              |                          |  | <input type="checkbox"/> Change         |
|              |                          |  | <input type="checkbox"/> Add            |
|              |                          |  | <input type="checkbox"/> Remove         |
|              |                          |  | <input type="checkbox"/> Change         |
|              |                          |  | <input type="checkbox"/> Add            |
|              |                          |  | <input type="checkbox"/> Remove         |
|              |                          |  | <input type="checkbox"/> Change         |
|              |                          |  | <input type="checkbox"/> Add            |
|              |                          |  | <input type="checkbox"/> Remove         |
|              |                          |  | <input type="checkbox"/> Change         |

2007-07-18 PM 4:17

(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)

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 \_\_\_\_\_, \_\_\_\_\_.

Phred

Typed or printed name of signee