h22000209980

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
	MISALILI	.C	Ť	•
SUBJEC	Τ:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
		ndence concerning this matter		
		EVGENIY CATANE		
			Name of Person	
		MISALI LLC		
			Firm/Company	
		400 Kings Point Drive Uni	t 606	
			Address	<u>.</u>
		Sunny Isles FL 33160		
			City/State and Zip Code	
		catane.evgeniy@gmail.com	to be used for future annual report no	stification)
For furthe	er information c	oncerning this matter, please co		Allicanoni
Evgeniy (Catane		305 469-6768	
	Name o	f Person	at () Area Code Dayi	me Telephone Number
Enclosed	is a check for th	ne following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_			0:	
Mailing Address: Registration Section Division of Corporations			<u>Street Address:</u> Registration S	Section
			Division of C	orporations
1	P.O. Box 632	:7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

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MISALILLC

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

(A Piorida Limited i	главину Сопрану)	"MECHIASSEE, FE"		
Articles of Organization for this Limited Liability Company da document number 1.22000209980	were filed on 05/03/2022	and assigned		
amendment is submitted to amend the following:				
f amending name, enter the new name of the limited liab	oility company here:			
new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."		
er new principal offices address, if applicable:	400 Kings Point Drive 606			
ncipal office address MUST BE A STREET ADDRESS)	Sunny Isles FL 33160			
er new mailing address, if applicable:				
iling address MAY BE A POST OFFICE BOX)				
f amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registo		
Name of New Registered Agent:				
New Registered Office Address:	Para Plani In atomat and I			
	City	Florida Zip Code		
Registered Agent's Signature, if changing Registered Agent:	•	-		
reby accept the appointment as registered agent and agr		further garee to comply with		
New Registered Agent's Signature, if changing Registered Agent:	Ĺ	Florida Zip Co		

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Georgiy Abjalimov	1001 Three Islands Blvd Apt 29	≣ Add
		Hallandale Beach, FL 33009	□Remove
			Change
			□Remove
			□Change
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Effective date, if other fan effective date is listed.	er than the date of the charter must be specificated.	filing:	rior to date of fi	ling or more than 96	(options) days after fili		rant to 60)5.0207 t
Note: If the date insert	ed in this block does	not meet the ap	plicable statuto	ory filing requires	nents, this da	ite will n	ot be lis	sted as t
document's effective da	ate on the Department	of State's reco	rds.					
e record specifies a dela rd is filed.	iyed effective date, bu	t not an effectiv	e time, at 12:0)1 a.m. on the ear	dier of: (b)	The 90th	i day aft	er the
		2022						
June 21.								
Dated June 21.								
Dated								

Filing Fee: \$25.00