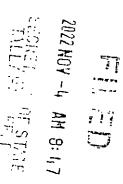
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PICK-UP	WAIT MAIL
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Office Use Only



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A. BUTLER NOV - 4 2022

COVER LETTER

TO: Registration S Division of Co		•	•
Uljan LLC		·	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexander Uljan		
		Name of Person	
	Uljan LLC		
		Firm/Company	
	17703 Neal Dr		
		Address	·
	34756 Montverde		
	alexanderulyan@gmail.com	City/State and Zip Code	
	E-mail address: (0	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Alexander Uljan		352 9896382	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	<u>-</u>		
■ \$25.00 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
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	tion

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIED

Uljan LLC 2022 1:07 -4 AH 8: 1.7 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Spirite of GF STATE The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number L22000238557 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 17703 Neal Dr Enter new principal offices address, if applicable: Montverde, FL 34756 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: PO BOX 560624 (Mailing address MAY BE A POST OFFICE BOX) Montverde, FL 34756 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	City	, Florida

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:

Type of Action

	R = Manager BR = Authorized Member	
<u>Title</u>	<u>Name</u>	Address
AMBR	Alexander Uljan	17703 Neal Dr
		

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		Montverde, FL 34756	,
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			□Change
AMBR	Sergei Mylnikov	17703 Neal Dr	
		Montverde, FL 34756	———— Ş [Add
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Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
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