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(Requ	estor's Name)	
(Addre	ess)	
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SECRETARY OF STATE OF STATE OF CORPORATIONS

J DENNIS

NOV O A 2022

COVER LETTER

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Tallahassee, FL 32314

TO:

	gistration So vision of Co			
SHRIFCT.	Sharp Shar	ks LLC		
SUBJECT			nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Mykhailo Karpenko		
			Name of Person	
		Sharp Sharks LLC		
			Firm/Company	
		843 NE 211th St		
		Address		
		North Miami, FL 33179		
		mykhailo.krpnk@gmail.coi	City/State and Zip Code	, <u> </u>
			to be used for future annual rep	ort notification)
or further i	nformation co	oncerning this matter, please c	aft:	
Mykhailo K	arpenko		786 68777	77
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed is a	a check for th	e following amount;		
□ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Addre	
	gistration S vision of Co	ection orporations	Registratio	n Section f Corporations
). Box 632	-		e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sharp Sharks LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records,) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 06/01/2022	and assigned
Florida document number <u>L22000251175</u>	·	_
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or register	red office address on our records, <u>enter the</u>	name of the new register
gent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	 _
	, Florid	
	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 A	gent

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	Mykhailo Karpenko	843 NE 211th St, North Miami, FL, 33179	3 Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change
			□ Add
			Remove
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			□Remove
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			□Add
			Remove
			Chunus

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E. Effect	ive date, if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
f the record is fi	rd 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 led.
Dated	August 16 2022
	The second secon

Typed or printed name of signee