## LZZ 000355486

(Red	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAłL
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## **COVER LETTER**

	egistration Se vision of Cor		•		
SUBJECT:		MORDOVTSEVA LLC		•	
SOBJECT.	· <del></del>	. Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		NATALIIA PODIAKOV	4		
			Name of Person		
					22 AUG 26 PM 12: 06
			Firm/Company		AUG 2
		1515 SEA GULL DR			01 CO. 26 P
			Address		P#12: 06
		ST PETERSBURG FL 33	707		06
		IDARISE@OUTLOOK.CO	City/State and Zip Code DM		
		E-mail address: (	to be used for future annual report n	otification)	
For further i	information c	oncerning this matter, please c	all:		
NATALIIA PODIAKOVA		360 775-7529			
	Name o	f Person		ime Telephone Number	_
linelosed is	a check for th	ne following amount:			
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &
	niling Addres		Street Address: Registration S	iection	
Di	vision of C	orporations	Division of C	orporations	
P.0	O. Box 632	7	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L22000255486		•	gned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limit	ed liability company here:		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abbreviation L.I.	<u>C</u> ?"
Inter new principal offices address, if applicable:	1515 SEA GULL D	<b>≱</b> UC	20.
Principal office address MUST BE A STREET ADDRI	ST PETERSBURG		9.5
		P	# E
Inter new mailing address, if applicable:	PO BOX 4531	12: 06	ShAFDH
Mailing address MAY BE A POST OFFICE BOX)	SEMINOLE FL 337	75	
. If amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:  CHOIC	office address on our recor		regis
Name of New Registered Agent.			
New Registered Office Address: 7028 W	WATERS AVE 241  Enter Florida s	treet address	
TAMP/	\	, Florida <sup>33634</sup>	

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 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>	Address	Type of Action
MGR	MICHAEL A. YOUNGQUIST JR.	PO BOX 4531	■Add
		SEMINOLE FL 33775	Remove
			□Change
			[☐Remove
			22(3)UG 261
			PAddg: 1
			□Change
			□Add
			CRemove
			Change
			□Add
			□Remove
			□ Change
			Remove
			□ Change

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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 filed.	)th day af	fter th
Thed.		
ed AUGUST 19 2022		
Signature of a member or authorized representative of a member		