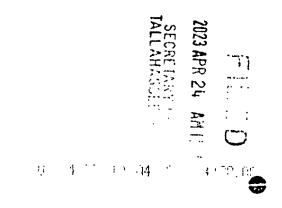
## 

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE APR 2 4 2023

Office Use Only







## **COVER LETTER**

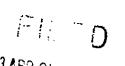
TO:

TO: Registration Se Division of Cor				
	IN & CO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
m				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ivan Bravo			
	<del>_</del>	Name of Person		
	Red Square Accounting an	nd Tax, LLC		
		Firm/Company		
	6052 Turkey Lake Road #	144		
		Address		
	Orlando, FL, 32819			
		City/State and Zip Code		
	info@redsquaretax.com			
	E-mail address: (	to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Ivan Bravo		407 717-8150 at ( )		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 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)	
Mailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 





GAINULLIN & CO LLC

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

The Articles of Organization for this Limited Liability	Company were filed on 06/17/2022	and assigned
Florida document number L22000277637		und ussigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	and the second of the second o	
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Anbr	PAVEL GAINULLIN	1626 PEREGRINE CIRCLE UNIT 208	□Add
		ROCKLEDGE, FL 32955	■Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
		-	□Change
			□Add
		<del></del>	□Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
<u>Note:</u> 1	tive date, if other than the date of filing:
If the record record is file	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 d.
Dated _	4/20/2023
	Mar 1/2
	Signature of a member or authorized representative of a member
	NADEZHDA UMAROV
	Typed or printed name of signee