Page: 1 of 7

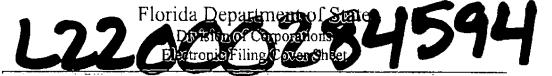
2024-06-07 19:56:55 GMT

13056476040

From: MADINA bahretdinova

6/7/24, 3:29 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002008713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO

Account Number : I20220000131

Phone : (305)610-2704 Fax Number : (305)647-6040

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

PH 4: 09	2 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V
	أ لأنا عُد د
i E	القريث ا
ا	= ::
· ŧ	
<u>~</u> ;	:: 7
	중동국
163	DEPA DIVISION TALL

mail Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3D EXACTLY LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: MADINA bahretdinova

		SAUED LETTED		(((H24000184740 3)))
	C	COVER LETTER		
TO: Registration Sc Division of Cor	porations &	• •	ક <b>હે</b> .	
	TLY LLC '			
SUBJECT:	Name of Limit	ed Linbility Company		
		See LO OFF		
	Amendment and fee(s) are submondence concerning this matter t			
Please return all correspo	ongence concerning his manuf	o the tonowing.		
	OLEKSANDR YANOVSK	YI		
		Name of Person		
	3D EXACTLY LLC			
	<del></del> -	Firm/Company		
	300 SUNNY ISLES BLVD		<u></u>	
		Address		
	SUNNY ISLES BEACH, I			
:	info@miacounting.us	City/State and Zip Code		
•		to be used for future annual report notif	cation)	
For further information	concerning this matter, please co	all:		
OLEKSANDR YANO	VSKYI	305 610 - 2704		
Name	of Person	Area Code Daytime	Telephone Numbe	r
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy	S60.00 F Certified Certified	ate of Status &
		(additional copy is enclosed)		d copy is enclosed)
Mailing Addr		Street Address:	ntion	
Registration Section Division of Corporations		Registration Sec Division of Cor	porations	
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((([1124000184740 3)))

3D EXACTLY LLC		
(Name of the Limit	ed Liability Company as it now appears on on (A Florida Limited Liability Company)	records,)
The Articles of Organization for this Limited L Florida document number L22000284594	iability Company were filed on 06/20/202	2 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
•		
B. If amending the registered agent and/or ragent and/or the new registered office addre		enter the name of the new registered
Name of New Registered Agent:	YAN YANOVSKYI	: 1
New Registered Office Address:	promise and the second	
	Enter Florida stre	(A)
	SUNNY ISLES BEACH	, Florida 33160
	Cin	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 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: (((H24000184740 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	OLEKSANDR YANOVSKYI	300 SUNNY ISLES BLVD 4-2104	□ Add
		SUNNY ISLES BEACH, FL 33160	
			Change
AMBR	YAN YANOVSKYI	300 SUNNY ISLES BLVD 4-2104	□Add
		SUNNY ISLES BEACH, FL 33160	□Remove
<del>-1.1-11-1-1-1-1</del>			⊡Add
			Remove
			□ Change
<del></del>	**************************************	* SHEEL THE SET WHEN THE SET OF T	
			□Remove
			Change
			[JAdd
			□Remove
			□ Change
**			🗆 Add
			□Remove
		<del></del>	© Change

(((H24000184740 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. ember or authorized representative of a member **OLEKSANDR YANOVSKYI** 

Typed or printed name of signee