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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

TÖ: Registration Division of C				* *	
SUBJECT:	Foundation M	asters RD LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Jeffrey Earl				
		Name of Person	<del></del>		
	Foundation Masters RD L	LC			
		Address			
	Tampa FL 33606				
	Jeff@foundationmasters.co	City State and Zip Code om		2022 AUG 22 PH 1: 33 SECRETARY OF STATE TALLAHASSEE, FL	_
	E-mail address:	to be used for future animal report notificat	on)	HATI ETALI ETALI	=
For further information	concerning this matter, please c	all;		ASS -	
Barbara Negro		215 880-0770 at()		RY OF STANSSEE.	
Name	of Person		lephone Number	: 33 FATE	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addr	ess:	Street Address:			

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)	
7/21/2022	and assigned
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signation "LLC" or the a	bbreviation "L.L.C."
	<b>202</b>
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Florida	Zin Code
	7/21/2022 <u>e</u> :

## 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action		
AMBR	Andriy Garanin	4201 41st Avenue N		_ <b>≣</b> Add	
		St Petersburg FL 33714		_ □Remove	
				_ ∐Change	
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				_ □Remove	
				_ □Change	
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(If an effective of Note: If the	ate, if other than the date of date is listed, the date must be spe date inserted in this block do- effective date on the Departm	cific and ca es not mee	nnot be prior to the applica	o date of filing	or more than 90	(option days after finents, this c	ling.) Pur	suant to 6 not be 1	305,0207 ( isted as t
the record spec ord is filed.	rifies a delayed effective date,	but not an	effective tir	ne, at 12:01	a.m. on the earl	ier of: (b)	The 90	th day a	fter the
Dated	August 18	· · -	2022	_ ·					
	Mark								
_	Signati	ire of a mei	mber or autho	rized represen	tative of a memb	ct .			
	Jeffrey Earl								

Filing Fee: \$25.00