

L22000394812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 OCT 23 PM 2:51

SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANKDA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aleksandr Stsebkhan  
Name of Person

Leoteor LLC  
Firm/Company

1025 E Hallandale Beach Blvd STE-151069  
Address

Hallandale Beach, FL 33009-4478  
City/State and Zip Code

teodorleo622@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleksandr Stsebkhan at ( +1 ) 7542100338  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

SANKOA LLC

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

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2023 OCT 23 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/09/2022 and assigned Florida document number L22000394812.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

none

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1025 E Hallandale Beach Blvd

STE 15-1069

Hallandale Beach FL 33009-4478

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1025 E Hallandale Beach Blvd

STE 15 1069

Hallandale Beach FL 33009-4478

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Aliaksandr Stetsikhau

New Registered Office Address:

1025 E Hallandale Beach Blvd STE 15-1069

Enter Florida street address

Hallandale Beach

City

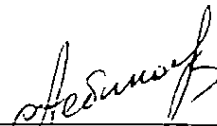
Florida

33009-4478

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OLHA KARPENKO	7901 4TH ST N STE 300	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLHA STEBIKHOVA	1025 E HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		STE 15-1069 HALLANDALE BEACH	<input type="checkbox"/> Remove
		FL 33009-4478	<input type="checkbox"/> Change
MGR	ALIAKSANDR STSEBIKHAN	1025 E HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		STE 15-1069 HALLANDALE BEACH	<input type="checkbox"/> Remove
		FL 33009-4478	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

OLHA KARPENKO married Aliaksandr Stsebkichen  
and took last name Stebikova

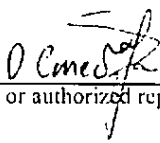
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated 09/28/2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

OLHA STEBIKOVA  
\_\_\_\_\_  
Typed or printed name of signee