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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : 120220000131 : (305)610-2704 Phone 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. \*\*

Email	Address:		
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILKY WAY LLC

Certificate of Status	0
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Corporate Filing Menu

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### COVER LETTER

Registration Section Division of Corporations P SILKY WAY LEC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filling. ase return all correspondence concerning this matter to the following: DMYTRO VINICHENKO Name of Person SILKY WAY LLC Firm/Company 215 BUTLER Address WINDERMERE, FL 34786 City/State and Zip Code info@miaccounting.us E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call; MYTRO VINICHENKO Name of Person Daytime Telephone Number iclosed is a check for the following amount: □ \$60.00 Filing Fee. € S25.00 Filing Fee □ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

### (((H230000279323)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILKY WAY LLC			

(Name of the Lim	ited Linbility Company as it now as (A Florida Limited Liability Compa	openrs on our records.) my)	
e Articles of Organization for this Limited I orida document number 1,22000447342		n 10/17/2022	and assigned
is amendment is submitted to amend the fol			
If amending name, enter the new name of	of the limited liability compan	iy here:	
new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the	he abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		
incipal office address MUST BE A STRE	ET ADDRESS)		
If amending the registered agent and/or ent and/or the new registered office address.	registered office address on o	ur records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:	·*************************************		
New Registered Office Address:	215 BUTLER STR		
, and the second	Епип	r Florida street addf <b>es</b> s	34 Fig. Code:
	WINDERMERE	Florida	34786
	City		Zφ Code Z
w Registered Agent's Signature, if changing	· · · · · · · · · · · · · · · · · · ·		$\sim$ $\sim$
ercby accept the appointment as register ovisions of all statutes relative to the pro- cept the obligations of my position as reg- ing filed to merely reflect a change in the mpany has been notified in writing of this	per and complete performanc pstered agent as provided for pregistered office address, I h	re of my duties, and Lo in Chapter 605, F.S:	am faigillair with and Or, iLthis document is
	If Chaming Design	d Your Singstury of You	Darie wood Accept

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

<u>Address</u>

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Type of Action

GR = Manager

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.,11	Mianager	
1BR =	Authorized	Member

Name

MBR	DMYTRO VINICHENKO	215 BUTLER STR	■Add
*****		WINDERMERE, FL 34786	
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Filing Fee: \$25.00

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