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.

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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)517-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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

Email Address:\_



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FST DEVELOPMENT, L.L.C.

Certificate of Status Certified Copy 0 05 Page Count \$25.00 Estimated Charge

> T. LE'T FUX Help

## **COVER LETTER**

	tegistration Sco Division of Corp			
SUBJECT		LOPMENT, L.L.C.		
SUBJEC	1:	Name of Limi	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		KHOMKALOV, OLEKS.	ANDR	
			Name of Person	
		FST DEVELOPMENT, L.	.L.C.	
			Firm/Company	
		600 PARKVIEW DR STE	, 306	
			Address	
		HALLANDALE, FL 3300	99	
			City/State and Zip Code	
		ah@faktura.ua		
			to be used for future annual report notification)	
For furthe	r information c	oncerning this matter, please co	all:	
КНОМЬ	CALOV, OLEK	SANDR	754 286-7515 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:		
≣ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)  Certified Copy (additional copy	f Status & py
] ] ]	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	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

(Name of the Limited Liability Co	mipany as it now appears on our records.) ited Liability Company)	
(. 1 1 100000 0000	ned Lubinity Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 12/14/2022	and assigned
lorida document number L22000524780		
This amendment is submitted to amend the following:		
ms amendment is submitted to amend the following.		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
·		
Enter new mailing address, if applicable:	600 PARKVIEW DR STE 306	
Mailing address MAY BE A POST OFFICE BOX)	HAULANDALE, FL 33009	585
		?
3. If amending the registered agent and/or registered of	fice address on our records, <u>enter the r</u>	tame of the new regi
gent and/or the new registered office address here:		
		بب
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	
	Ciņ	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

FOR DEVELONATION I. I. C.

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.

It 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>	Address	Type of Action
AMBR	STRELETSKYI, STANISLAV	32/34 SHOVKOVYCHNA ST, APT 45	≅Add
		KIEV, UKRAINE 01024	□Remove
			□Change
MGR	KHOMKALOV, OLEKSANDR	600 PARKVIEW DR STE 306	
		HALLANDALE, FL 33009	ERemove
			<b>■</b> Change
			□Remove
			Change
			Remove
	A 1940 T = 2-1		
			©Change
			Dādd
			Change

	Signature of a member	or authorized repres	entative of a member	· · · · · · · · · · · · · · · · · · ·	
Oloksand	n Khomkalov Signature of a member				
Oated	2023	·			
record specifies a delayed effective is filed.	e date, but not an effe	ctive time, at 12:0	I a.m. on the earlie	of: (b) The 90th d	ny after the
locument's effective date on the D	epartment of State's re	ecords.			
ffective date, if other than the an effective date is listed, the date must be the date inserted in this bl	t be specific and cannot look does not meet the	pe prior to date of fil applicable statuto	ng or more than 90 da ry filing requiremen	(optional) ys after filing.) Pursuan its, this date will not	t to 605.0207 ( be listed as t
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Filing Fee: \$25.00