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TO:

TO: Registration Se Division of Cor			
KULIZHN	IKOV LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ALBINA IALALOVA	
		Name of Person	
	1	LOVE ACCOUNTING LLC	
	-	Firm/Company	
		308 SILVER PINE DR	
		Address	
		LAKE MARY, FL 32746	
		City/State and Zip Code	
		ılbinaialalova@gmail.com	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
ALBINA I	ALALOVA	407 473-1323	
Name o	l'Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addus	e.	Street Address:	
Mailing Address: Registration Section		Registration S	
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INIKOV LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ied Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Horida document number <u>L23000010037</u> .	any were filed on 01/04/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
US MTEX G	GROUP LLC	
The new name must be distinguishable and contain the words "Limited L	iability 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	0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1445 Dolgner Pl, Ste 1 Sanford, FL 32771	<u>'3</u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		ASSE TO
New Registered Office Address:	Enter Florida street address	
	, Florida	一言
	City	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 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
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		 	□Add
		··· -	□Remove
			Channe

. 11 amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
(If an effective Note: I	te date, if other than the date of filing:
he record ord is file	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 d.
Dated _	May 31 2024
	Signature of a member or authorized representative of a member
	PAVEL KULIZHNIKOV
	Typed or printed name of signee

.

Filing Fee: \$25.00