

L23000012221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

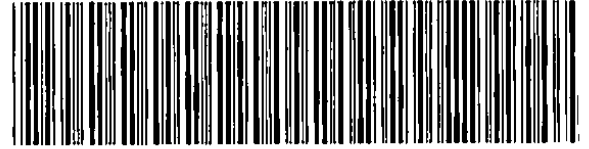
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800400520218

FILED
2023 JAN 27 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL

01/27/23--01021--001 **90.0

RECEIVED
2023 JAN 27 PM 1:27
DEPT. OF REVENUE
DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

cf 1/27/2023

TO: Registration Section
Division of Corporations

SUBJECT: NNST813 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:

NIKITA NOVICHKOV
Name of Person

NNST813 LLC
Firm/Company

17333 WHITE MANGROVE DR
Address

WIMAUMA, FL 33598
City/State and Zip Code

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

For further information concerning this matter, please call:

NIKITA NOVICHKOV at (813) 526-1487
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

TO
ARTICLES OF ORGANIZATION
OF

FIL

NNST813 LLC

2023 JAN 27

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

SECRET
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 01/05/2023 and assign

Florida document number L23000012221

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NIKITA NOVICHKOV

New Registered Office Address:

Enter Florida street address

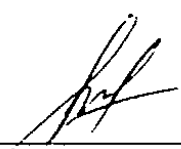
Florida

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 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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>MGR</u>	<u>MARGARITA BRAGAZINA</u>	<u>17333 WHITE MANGROVE DR</u> <input type="checkbox"/> Add	
		<u>WIMAUMA, FL, 33598</u> <input checked="" type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
<u>MGR</u>	<u>NIKITA NOVICHKOV</u>	<u>17333 WHITE MANGROVE DR, WIMAUMA</u> <input checked="" type="checkbox"/> Add	
		<u>FL, 33598</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
<u>_____</u>	<u>_____</u>	<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
<u>_____</u>	<u>_____</u>	<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
<u>_____</u>	<u>_____</u>	<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
<u>_____</u>	<u>_____</u>	<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	

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

Please include the EIN in
the amendment: 92-1747545

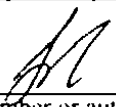
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 (

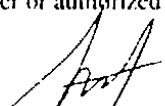
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 01/27/2023 12:50 p.m.



Signature of a member or authorized representative of a member

 NIKITA NOVICHKOV

Typed or printed name of signee