LZ3000013263

(Req	uestor's Name)	. <u></u>
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	ress)	
(City)	/State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to F	ling Officer:	
	Office Use Onl	lv



06/21/23--01004--013 **30.00



A. PARISHANI

SEP 2 9 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ARKSEDAN ATMS L	-LC
Name of Limited Liability Company	2
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2023 JU!! 2
Please return all correspondence concerning this matter to the following:	
Artur Vorose	ykin ®
Name of Person	23
Firm/Company	
230 174th ST Apt	1614
Address	
Sunny Isles Beach FL City/State and Zip Code QVOFOS@gmail.con	. 33160
avoros@amail.con	2
E-mail address: (to be used for future annual report	(notification)
For further information concerning this matter, please call:	
Artur Vorojeykin at (305) 92 Name of Person Da	4 - 3820
Name of Person Area Code Da	nytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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		21
	ТО	:	023
ARTICLES O	PFORGANIZATION	N Too	
	OF		2
ARKSEDAN A (Name of the Limited Liability C) (A Florida Lin	ITMS LL	ur records.)	AM 8:
			2
The Articles of Organization for this Limited Liability Com Florida document number L2300001326	pany were filed on <u>01/0</u> 3	05 /2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>		AN SED	ICES LL
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	
(orthong underess that be at 0.51 OF FICE DOA)	<u></u>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our record	s, <u>enter the name of (</u>	he new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	ret address	
	City	Florida	· Conte
			$C_{\alpha}L_{\alpha}$

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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

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			_ □Add
			_ Change
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			_ 🗋 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 06/07 . 2023 AVOFOS Signature of a member or authorized representative of a member Arter Voroseykin Typed or printed name of signee

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Filing Fee: \$25.00