L230000 16573

(Requesto	or's Name)
(Address)	
(Address)	
(City)(Chasa	V7:aDbass #0
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
(+	,
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
) [DENNIS
PAN.	/ 1 7 2023

Office Use Only



900403673299

03/02/23--01018--019 **250.00

SCERF LARY OF STATE STATE STATE STATE STATE OF S

COVER LETTER

Registration Section

TO:

Division of C	orporations		
KUNITS	YN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	EKATERINA KISSELEV	'A	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	EGK SOLUTIONS		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7901 4TH ST N STE 325		
	-	Address	
	SAINT PETERSBURG F	L 33702	
		City/State and Zip Code	
	info@egksolutions.com	to be used for future annual report n	(i)\(i)\(i)
For further information	concerning this matter, please e	•	ottication)
EKATERINA KISSEL		727 214 2848	
		at ()	· · - · · · · · · · · · · · · · · · · ·
Name	of Person	Area Code Dayt	ime 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration S	Section
_	Corporations	Division of C	
P.O. Box 63		The Centre of	
Tallahassee.	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUNITSYN LLC.		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number L23000016573	Company were filed on 01/09/2	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds. enter the name of the new regist
gent and/of the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida st	reet address
		, Florida
	Cny	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
AMBR	KUNITSYN EVGENII	26 DIPLOMAT PKWY 2333	= Add
		HALLANDALE, FL 33009	□Remove
<u></u>			□Add
			□Remove
			Change
			CAdd
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change

,	
Note:	tive date, if other than the date of filing:
e reco	
d is fi	
rd is fi	7/24/23
rd is fi	2/24/23 *LUNISSEC
rd is fi	Z/Z4/Z3 **Comparison of a member or authorized representative of a member

Filing Fee: \$25.00