L23 0000 H2H H9

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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	egistration S ivision of Co			
SUBJECT		DEEV LLC		
SOBJECT	•	Name of Lin	nited Liability Company	,,
The enclose	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		ALEKSANDR AKHMAD		
			Name of Person	
		AKHMADEEV LLC		
			Firm/Company	·
		2129 TROTTER RD		
		 -	Address	·~*
		LARGO FL 33774		· :
			City/State and Zip Code	:
		gggrek11@gmail.com		·
		E-mail address: (to be used for future annual report not	nication)
For further	information c	oncerning this matter, please c	all:	1.
ALEKSAN	DR AKHMA	DEEV	813 606-7139	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 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)
	uling Addres		Street Address:	
	gistration S	Section orporations	Registration Se Division of Cor	
	3. Box 632	•	The Centre of T	
	llahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKHMADEEV LLC		
(Name of the Limited (A	Liability Company as it now appears on our records (Florida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L23000048449</u>	pility Company were filed on 01/26/2023	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	<u>:</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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
MGR	ALEKSANDR AKHMADEEV	2129 TROTTER RD	
		LARGO FL 33774	
			□Change
			🗀 Add
			[]Remove
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ective date, if other than the date of filing:		(ontie	anal)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic ument's effective date on the Department of State's records	cable statutory filir	nore than 90 days after ag requirements, this	filing.) Purs date will	suant to 605.020 not be listed a
cord specifies a delayed effective date, but not an effective t s filed.	ime, at 12:01 a.m.	on the earlier of: (b) The 901	th day after th
ed March 23rd	·			
441				
Signature of a member or auth	orized representative	of a member		