L23000050030

(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



800406284248

04/18/23-+01001--010 **75.00

2023 APR 18 AH 10: 59

2000 . _



CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP: MISTY 4/18	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	cus		
XX.	FILING	LLC AMEND	
	LC TEVDI		
(C	ORPORATE NAME AND DOCU	MENT#)	
(C	CORPORATE NAME AND DOCU	MENT #)	· · · · · · · · · · · · · · · · · · ·
(C	ORPORATE NAME AND DOCU	MENT #)	
(C	ORPORATE NAME AND DOCU	MENT #)	
(C	ORPORATE NAME AND DOCU	MENT #)	
(C	ORPORATE NAME AND DOCU	MENT #)	
CIAL FRUCT	TIONS:		
			

COVER LETTER

TO: Registration Division of C	Section Orporations		
LLC TES	VDI		
	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are so	shmitted for filing	
	pondence concerning this matte	·	
	EKATERINA KISSELE	VA	
		Name of Person	
	EGK SOLUTIONS		
		Firm Company	
	7901 4TH ST N STE 325		
		Address	
	ST PETERSBURG 3370	2	
	INFO@EGKSOLUTIONS	City/State and Zip Code	
	E-mail address:	tto be used for future annual report r	otification)
For further information of	concerning this matter, please of	all:	
		at ()	
Name o	of Person	Area Code Days	ine Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address		Street Address;	
Registration S Division of C		Registration S	
P.O. Box 632		Division of Co The Centre of	
Tallahassee, F			oe Street Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED 2023 ACR 18 PM 1:11

Chame of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on policy of the Articles of Organization for this Limited Liability Company were filed on policy of the Articles of Organization for this Limited Liability Company were filed on policy of the Articles of Organization for this Limited Liability Company were filed on policy of the Articles of Organization for this Limited Liability Company were filed on policy of the Articles of Organization for this Limited Liability Company were filed on policy of the Articles of Organization for the Articles of Organization of the Imited Liability Company here:

TEVDI LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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:

	City	, Florida
New Registered Office Address:	Enter Florida street a	ddress
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

LLC TEVDI

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

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>	<u>Address</u>	Type of Action
AMBR	TEVDORADZE,DMITRII	20100 WEST COUNTRY CLUB DRIVE 301	
		AVENTUR FL 33180	Add ☐ Remove
			Change
			= Add
			URemove
•			Change
			
			EJRemove
			=Change
			□Remove
			CChange
			= Add
			□Remove
			DChange
			\(\tau \) \(\tau \) \(\tau \)
			□Remove
			= Change

Page 2 of 3

	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	72
•	
-	型艺
-	
_	
olc:	ve date, if other than the date of filing: (optional) (cetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
rece The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ted_	94/17 2023
	Tel go pogs-?
	Signature of a member or authorized representative of a member