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Office Use Only



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A. RIVERS MAY - 5 2023

COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| CLI SERVI | CES, LLC | | |
| SUBJECT: | | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ATANASIE IANI PIHA | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1591 ROSEVILLE ST | | |
| | LUTIZ/ FL 33549 | Address | |
| | PIHAIANI@GMAIL.COM | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| ATANASIE IANI PIHA | | 518 368-3285 | |
| | | at () | |
| Name o | t Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne 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 radditional copy is enclosed) |
| Mailing Addres Registration 9 | | Street Address: | ection |
| Division of C | | Registration Sc Division of Co | |
| P.O. Box 632 | | The Centre of | - |
| Tallahassee, I | | | pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CLI SERVICES, LLC | | |
|--|---|---------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) nited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number 1.23000063772 | pany were filed on FEB 03, 2023 | and assigned |
| 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 I | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1591 ROSEVILLE ST. LUTZ, FL 33: | 549 |
| (Principal office address MUST BE A STREET ADDRES: | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1591 ROSEVILLE ST, LUTZ, FL 33; | 249 |
| B. If amending the registered agent and/or registered of lagent and/or the new registered office address here: | fice address on our records, <u>enter the na</u> | ime of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | P1 - 1 | ; <u> </u> |

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.

City

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> MGRM | <u>Name</u> LEONID RUBANOV | Address 17436 FOUNTAINSIDE LOOP APT 3104 | Type of Action |
|----------------------|-------------------------------|---|----------------|
| | | LUTZ, FL 33558 | □Add |
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| 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 605,020 (see: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this filed. FEB 28 | Please edit name for PIHA CRI | ISTIAN VASIL into PIHA CRISTIAN VASILE |
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| Signature of a member or althorized representative of a member | | · |
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