

L23000070802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

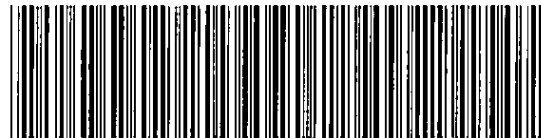
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900415125019

09/08/23--01027--001 **25.00

2023-08-08 PM 4:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

S Love Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lena Adams

Name of Person

S Love Group LLC

Firm/Company

709 1st ct

Address

Palm Harbor, FL 34684

City/State and Zip Code

lena.adams.ea@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lena Adams

Name of Person

at (727)

Area Code

999-0764

Daytime Telephone Number

Enclosed is a check for the 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:

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
TO
ARTICLES OF ORGANIZATION
OF

S Love Group LLC

(Name 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 02/08/2023 and assigned Florida document number L2300007002.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

709 1st ct

Palm Harbor, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

709 1st ct

Palm Harbor, FL 34684

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:

Name of New Registered Agent:

Lena Adams

New Registered Office Address:

709 1st ct

Enter Florida street address

Palm Harbor

City

Florida

34684

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 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>	<u>Type of Action</u>
AMBR	Anna Tiutiunnichenko	3944 Meadowbreeze Ct	<input type="checkbox"/> Add
		Apt 53	<input checked="" type="checkbox"/> Remove
		Palm Harbor FL 34684	<input type="checkbox"/> Change
MGR	Lena Adams	709 1st ct	<input checked="" type="checkbox"/> Add
		Palm Harbor FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dzmitry Syty	709 1st ct	<input type="checkbox"/> Add
		Palm Harbor FL 34684	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023
-8 PM 11:28

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 September 5, 2023.

Signature of a member or authorized representative of a member

Dmitry Syty
Typed or printed name of signee