

L 23000087104

6/7/23, 4:07 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000206415 3)))



H230002064153ABCX

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Division of Corporations  
Fax Number : (850)617-6383

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Account Name : MIACCOUNTING CO  
Account Number : I2022000131  
Phone : (305)610-2704  
Fax Number : (305)647-6040

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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PALOMASOFT.US LLC**

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**COVER LETTER**

(((H23000206415 3)))

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: PALOMASOFT.US LLC**

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

VLADISLAV GOLUBEV

\_\_\_\_\_  
Name of Person

PALOMASOFT.US LLC

\_\_\_\_\_  
Firm/Company

101 DIPLOMAT PKWY APT 1201

\_\_\_\_\_  
Address

HALLANDALE BEACH, FL 33009

\_\_\_\_\_  
City/State and Zip Code

info@palomasoft.us

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

For further information concerning this matter, please call:

VLADISLAV GOLUBEV

786

213-5482

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
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(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H23000182625 3)))

PAI.OMASOFT.US 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 02/17/2023 and assigned  
Florida document number L23000087104.

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)

3363 NE 163rd Street

Suite 609

North Miami Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3363 NE 163rd Street

Suite 609

North Miami Beach, FL 33160

**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:

New Registered Office Address:

3363 NE 163rd Street, Suite 609

*Enter Florida street address*

North Miami Beach

*City*

Florida 33160

*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

(((H23000182625 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DMITRIY YERMASHOV	3363 NE 163rd Street Suite 609	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		North Miami Beach, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**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 505.0207 (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 June 7 2023

V. Golubev

Signature of a member or authorized representative of a member

VLADISLAV GOLUBEV

Typed or printed name of signee:

((I12300()206415.3)))

**Filing Fee: \$25.00**