

L23000144920

\_\_\_\_\_

(Requestor's Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

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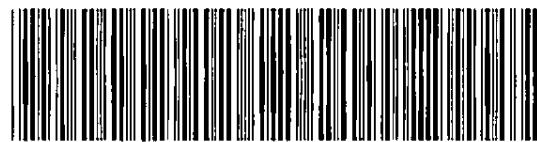
(Business Entity Name)

\_\_\_\_\_

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP 26 AM 11:19

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CF 10/7/2023

## COVER LETTER

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

**SUBJECT:** Alexandr Iurcenca 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

Alexandr Iurcenco  
Name of Person

Alexandr Iurcenco LLC  
Firm/Company

345 Cox Rd Address

Santa Rosa Beach. Fl. US 32459

City/State and Zip Code  
alexandriurcenco@gmail.com  
Email address (to be used for future announcements)

For further information concerning this matter, please call

Alexander Turcenco at 850 856 4365  
Name of Person      Area Code      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 2023 SEP 26 AM 11:19  
OF

Alexandr Iurcenco 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 3/22/2023 and assigned Florida document number L23000144920.

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)

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**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Alexandr Iurcenco

New Registered Office Address:

345 Cox Rd

Enter Florida street address

Santa Rosa Beach Florida 32459

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.*

Iurcenco

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>   |
|--------------|----------------------------|---|---|
| <u>MGR</u>   | <u>Alexandr Iurcenco</u>   | <u>345 Cox Rd. Santa Rose Beach, FL 32459</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| <u>MGR</u>   | <u>Iurcenco, Alexander</u> | <u>345 Cox Rd. Santa Rose Beach, FL 32459</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><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   |
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|              |                            |   | <input type="checkbox"/> Remove   |
|              |                            |   | <input type="checkbox"/> Change   |
|              |                            |   | <input type="checkbox"/> Add  |
|              |                            |   | <input type="checkbox"/> Remove   |

**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 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 01.07.2023.

Yours sincerely

Signature of a member or authorized representative of a member

Alexandz Iurcenco

Typed or printed name of signee