

L23 CCC 157185

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. HUNT  
07/20/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160: \_\_\_\_\_

#60.00

Authorization Signature: for full

Fractured LLC L23000157183

BUSINESS

DOC#

☒ **Certified Copy of Articles**

☒ **Certificate of Status**

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**AMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. or member  
☐ Dissolution  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Authority**

**OTHER FILINGS**

☐ **Trademark**  
☐ Annual Report  
☐ **NOTARY REGISTRATION**  
☐ Fictitious Name  
☐ **APOSTILLE**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**Country**

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fractured 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:

Austin Zaslow  
\_\_\_\_\_  
Name of Person

Fractured LLC  
\_\_\_\_\_  
Firm/Company

6200 SW 78th ST  
\_\_\_\_\_  
Address

South Miami, FL 33143  
\_\_\_\_\_  
City/State and Zip Code

zaslowa@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Austin Zaslow  
\_\_\_\_\_  
Name of Person

305 608-1070  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Fractured 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 03/29/23 and assigned  
Florida document number 92-3574409.

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)

46 SW 1st ST

Unit #101

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

46 SW 1st ST

Unit #101

Miami, FL 33130

**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:

*Enter Florida street address*

Florida

*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.*

**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>
MGR	Austin Zaslow	6200 sw 78th St	<input type="checkbox"/> Add
		South Miami, FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Mikhail Urinson	6000 COLLINS AVE	<input type="checkbox"/> Add
		APT 542	<input type="checkbox"/> Remove
		Miami, FL 33140	<input checked="" type="checkbox"/> Change
AMBR	Yaroslav Skalko	701 Brickell Key Blvd	<input checked="" type="checkbox"/> Add
		apt PHL 08	<input type="checkbox"/> Remove
		Miami, FL 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MIAMI, FL

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

Ownership Breakdown of Fractured LLC:

Austin Zaslow owns 33.34% of Fractured LLC.

Mikhail Urinson owns 33.3% of Fractured LLC.

Skalko Corp owns 33.3% of Fractured LLC.

Skalko Corp is owned by:

Yaroslav Skalko

701 Brickell Key Blvd

apt PH1.08

Miami, FL 33131

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TALLAHASSEE FL

**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 July 17th 2023

*Austin Zaslow*

Signature of a member or authorized representative of a member

Austin Zaslow

Typed or printed name of signee