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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: EVGENII GULKO LL	.c	
Name of Lim	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
_		
Evpenii	Gulko Name of Person	
_		
<u>Evgenii</u>	Gulko LLC	
	t unb company	
4525 Eme	Ison Park Drive	e #211_
Orlando	Florida, 3283 City/State and Zip Code	<u>9</u> = = = = = = = = = = = = = = = = = = =
		-:
Evelout Omail advess: (ko 316@ amail. c	lication)
For further information concerning this matter, please c		
Emmi Calla	60/ NV= 7	:
Eugenii Gulko Name of Person	at (<u>486</u>) <u>445</u> 4 Area Code Daytimo	e Telephone Number
Enclosed is a check for the following amount:		
Signature Signa	☐ \$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 Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassec, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>_</u>	VGENII	GULKO	LLC
•	/Nome of the Liv	mited Linhility Con	many as it now

(Name of the Limited Liability Company as it now appears on our records.)

	Cîty	, Florida	Zip Code	
		E-71 - 5		
New Registered Office Address:	Enter Flori	da street address		
Name of New Registered Agent:				
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our re	cords, <u>enter the nam</u>	e of the ne	w register
			, 63 ,	
(Mailing address MAY BE A POST OFFICE BOX)		;	: 21	L
Enter new mailing address, if applicable:		**	70 - 7 	
(Principal office address MUST BE A STREET ADDRESS)			=======================================	* # *
Enter new principal offices address, if applicable:			:7	المن المن المن المن المن المن المن المن
The new name must be distinguishable and contain the words "Limited Liability C	Jompany," the de	signation "LLC" or the ab	breviation "L ☆	L.C."
A. If amending name, enter the new name of the limited liability				
This amendment is submitted to amend the following:				
Florida document number 123000171535				

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Eugenii Gulko	4525 Emerson Park Prive #21	<u>(</u> ⊠Add
			_ □Remove
			_ Change
AMBR	Evilina luanova	4525 Emerson Park Prive#211	_ 🗹 Add
			_ □Remove
			_ □Change
		<u> </u>	Add
			_
			Change
		. · · ·	::
			_ □Remove
		· · · · · · · · · · · · · · · · · · ·	_ Change ':
			_ □Add
			_ □Remove
			_ □Change
		<u></u>	_ 🗆 Add
			_ Remove
			□ Change

amending any other information	on, enter change(s) here: (Attach additional	i sneeis, if necessary.)
	<u> </u>	
	<u> </u>	
•		
		<u></u>
ffective date, if other than the d	ate of filing: ———————————————————————————————————	(optional)
lote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applicable statutory filing re	equirements, this date will not be list
bedinent's effective date on the Dep	artificiti of State's records.	
	date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after
l is filed.		• • • • • • • • • • • • • • • • • • • •
ated May 9	2023	;
aled 1 23 3	2013	 ;
	Creul	
S	ignature of a member or authorized representative of a	a member :- 50
	Evpenii Gulko Typed or printed name of signee	