(((H23000185678 3)))



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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CD Account Number : I20220000131 Phone : (305)610-2704 Fax Number : (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FALKOVYCH COMPANY LLC

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M. SOLOMON

..... -- -- MAY-2-2-2023 --

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Help

		.	COVER LETTER	*	(((H23000185678 3)))
TO:	Registration Section Division of Corp.			į	
	FALKOVYC	CH COMPANY LLC			
SUBJE	ССТ:	Name of Lim	Name of Limited Liability Company		
The en	closed Articles of A	mendment and fec(s) are sub	emitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		OLEKSANDR FALKOVY	YCH		
Name of Person					
FALKOVYCH COMPANY LLC					
			Firm/Company		
17107 N BAY ROAD C201					202
			Address		
SUNNY ISLES BEACH, FL 33160					HAY 19 AM
City/State and Zip Code					
		info@miaccounting.us			0, 7
For fur	ther information cor	E-mail address: (accoming this matter, please c	to be used for future annual report not	ification)	# D F
OLEK	SANDR FALKOV		305 610-2704		
	Name of I		Area Code Daytin	ne Telephone Number	-
Enclos	ed is a check for the	following amount:			
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
	** ***		Od and Address.		

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

13056476040

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000185678 3)))

FALKOVYCH COMPANY LLC	
(Name of the Limited Liability) (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L23000176388	ompany were filed on 04/10/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L.C." or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	 "
	工 本
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u>```</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	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:	
The state of the s	Enter Florida street address
	, Florida
N. D. Co. LA. Or Co. A. Co. Market	
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is a doffice address, I hereby confirm that the limited liability
	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 = M $AMBR = M$	Manager Authorized Member		(((H23000185678 3)))
<u>Title</u>	Name	Address	Type of Action
AMBR	OLEKSANDR FALKOVYCH	17107 N BAY ROAD C201	量Add
		SUNNY ISLES BEACH, FL 33160	
			Change
MGR	USHAKOVA DEMIANENKO	17107 N BAY ROAD C201	= Add
		SUNNY ISLES BEACH, FL 33160	
			Change
			□Add
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			🗀 Add
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			□Add
		and set details a set	□Remove
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Filing Fee: \$25.00

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