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COVER LETTER

	gistration Se vision of Cor					
CUBIECT	VOLKOV	S LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	indence concerning this matter	to the following:			
		Volkov Sergei				
			Name of Person			
			Firm/Cотралу			
		974 Warehouse Rd. APT	30305			
			Address			
		Orlando , FL, 32803				
		volksv3@gmail.com	City/State and Zip Co	de		·~
		<u>-</u> -	to be used for future anni	ual report notific	cation)	<u>`</u>
For further	information c	oncerning this matter, please c	all:			 -
Volkov Sei	rgei		321 at ()	292-1012		<u>.</u>
	Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:				
■ \$ 25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		S60.00 Filing Certificate o Certified Co tadditional cop	of Status &
	ailing Addres			Address:	•	
	egistration S ivision of C	Section Corporations	_	stration Sect		
Ρ.	O. Box 632	.7	The (Centre of Ta	llahassec	
Ta	allahassee, l	FL 32314	2415	N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L23000220423	mpany were filed on May 04, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d Jiability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	- ;
		- :
Enter new mailing address, if applicable:		Ç, ş
(Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAT DE A LOST OF LICE BOAY		·
		, :
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

VOLKOVSTIC

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>	Address	Type of Action
AMBR	Nalyvaiko Karina	974 Warehouse Rd. APT 30305	
		Orlando, Florida, 32803	= Remove
			□Change
AMBR	Volkov Sergei	974 Warehouse Rd. APT 30305	∃ Add
		Orlando, Florida, 32803	□Remove
			□Change
			□ Remove :
			☐Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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fective date, if other than the date of filing:	ng.) Pursuant to 605.020
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after the
May 11 2023	,
AP NA	
Signature of a member or authorized representative of a member	
Committee of a magnetic of a manufacture of a metabolic	U i
Nalyvaiko Karina	

Filing Fee: \$25.00