

L23 000 252 379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

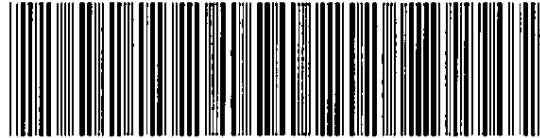
(Document Number)

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58

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Atlantis Action 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:

XENIA KOZHEVNIKOVA  
Name of Person

Atlantis Action LLC  
Firm/Company

7600 MAJORECA PLACE UNIT 3025  
Address

ORLANDO, FL 32819  
City/State and Zip Code

XENIA.KOZHEVNIKOVA@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HERMERO CRUZ AVILA at (407) 718-7282  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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**

Atlantis Action 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 5-23-23 and assigned Florida document number L23000252379.

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)

7600 MAJORCA PLACE 3025  
ORLANDO FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7600 MAJORCA PLACE 3025  
ORLANDO FL 32819

**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	KSENIA KOZHEVNIKOVA		<input type="checkbox"/> Add
		7600 MAJORCA PLACE 3025	<input type="checkbox"/> Remove
		ORLANDO FL 32819	<input checked="" type="checkbox"/> Change
MGR	KONSTANTIN KOZHEVNIKOV		<input type="checkbox"/> Add
		7600 MAJORCA PLACE 3025	<input type="checkbox"/> Remove
		ORLANDO FL 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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DATE	DESCRIPTION	AMOUNT
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10/3/12	3000	3000
10/4/12	4000	4000
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(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)

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 8-9, 2023

Signature of a member or authorized representative of a member  
HERNAN CRUZ AVILA  
Typed or printed name of signee

**Filing Fee: \$25.00**