

LA300289545

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

RECEIVED

2024 MAY -6 AM 9:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INDISE LLC

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
Help
MAY 07 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDISE 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:

BAHATYRCHUK, OLEH

Name of Person

INDISE LLC

Firm/Company

101 DIPLOMAT PKWY APT 1409

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

olehbagam@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BAHATYRCHUK, OLEH

at (786)

834-5197

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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 Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BAHATYRCHUK, OLEH	101 DIPLOMAT PKWY APT 1409 _____	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009 _____	<input checked="" 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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		_____ _____	<input type="checkbox"/> Change
		_____ _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 05/06, 2024

Oleh Bahatyschuk

Signature of a member or authorized representative of a member

BAHATYRCHUK, OLEH

Typed or printed name of signee

Filing Fee: \$25.00