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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.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ILIANN QUALITY LLC

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K. SALY

APR 2 1 2025

## **COVER LETTER**

	egistration S ivision of Co			·
SUBJECT	ILIANN (	QUALITY LLC		
SUBJECT	•	Name of Lir	nited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retur	m all corresp	ondence concerning this matter	to the following:	
		CEVASHOVA, ANNA		
			Name of Person	
		ILIANN QUALITY LLC		
			Firm/Company	<del></del>
		2030 S OCEAN DR, 903		
			Address	
		HALLANDALE BEACH	, FL 33009	
			City/State and Zip Code	
		battleranna@gmail.com		
		E-mail address: (	to be used for future annual report notificatio	n)
For further i	nformation c	oncerning this matter, please c	all:	
LEVASHO	VA, ANNA		786 423-2312	
	Name o	f Person	Area Code Daytime Tele	phone Number
Enclosed is:	a check for th	ne following amount:	·	
<b>≡ \$</b> 25.00 l	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Iling Addres gistration S		Street Address: Registration Section	
Div	vision of C	orporations	Division of Corporat	
	). Box 632 Habassee F		The Centre of Tallah 2415 N. Monroe Stre	
Tal	llahassee, I	L 32314	2415 N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION

FILED 113:02 ARTICLES OF AMENDMENT  $\mathbf{OF}$ 

ILIANN QUALITY LLC		
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Listorida document number £23000412506	ability Company were filed on	and assigned
his amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited Hability company here:	
ne new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAYBEA POST OFFICE B	<u></u>	<del></del>
		<u> </u>
If amending the registered agent and/or re	gistered office address on our records, enter the	name of the new registe
gent and/or the new registered office address		
No. 11 of No. 12		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	Zip Code
w Registered Agent's Signature, if changing Re	gistered Agent:	
ovisions of all statutes relative to the proper cept the obligations of my position as regist	agent and agree to act in this capacity. I further and complete performance of my duties, and I dered agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that the hange.	am familiar with and Or, if this document is
		.
	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> Name <u>Address</u> Type of Action MGR BELIKOV, ILLA 2030 S OCEAN DR, 903 □Add HALLANDALE BEACH, FL 33009 Remove \_ 🗆 Change ∐Ådd Remove ☐Remové. □ Change □Add Remove □ Change □Add Remove □ Change □Add Remove

Change

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<u> </u>		· ·
If the date inserted in thi	the date of filing:	(optional) han 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed
d specifies a delayed effe ed.	ective date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day after th
04/18	, 2025	
	Alia Balikov Signature of a member or authorized representative of a	

Filing Fee: \$25.00