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ĩo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone

: (954)842-2931

Fax Number

: (954)842-2936

17:1 NA 8	21 47 5 14 16 2 14 16 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
2624 APR 1.0	DEE: THE TANK	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLA KAVALEROVA, L.L.C.

RESIGN

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T. LEMIEUX

COVER LETTER

Division of Corp			
SUBJECT! ALLAKAV	'ALEROVA, L.L.C.		
	Name of Li	mited Liability Company	
The enclosed Articles of A	amendment and fee(s) are su	thmitted for filing	
•	dence concerning this matte		
	KAVALEROVA, ALLA		
		Name of Person	
	ALLA KAVALEROVA,	L.L.C.	
		Firm/Company	
	1200 BRICKELL BAY I	OR APT 2518	
		Address	
	MIAMI, FL 33131		
	frakava@gmail.com	City/State and Zip Code	
		(to be used for future annual report noti	fication)
For further information con	cerning this matter, please o	eall:	
KAVALEROVA, ALLA		786 836-2170	
Name of P	erson	at (at Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 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 Sec	ction	Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ALLA KAVALEROVA, L.L.C.	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 02	01/2024 and assigned
Florida document number L24000060808	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 4
(Principal office address MUST BE A STREET ADDRESS)	
	: 3
	co -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	72. 7
	55
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	cords, enter the name of the new regist
	ia street address
	, Florida _
City	, Fiorida

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>	Name	Address	Type of Action
AMBR	IEVGEN KAVALEROV	1200 BRICKELL BAY DR APT 2518	
	- 	MIAMI, FL 33131	_
			Change
			□Add
			□R¢move
			□Change
			□Remove
			□ Change
			□Remove
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			□Remove
			Change

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Effective date, if other than the factive date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of fi oust be specific block does n Department	illing: and cannot b not meet the of State's re	pe prior to da applicable cords.	te of filing or statutory fili	more than 90 ong requirem	(optional lays after filin ents, this dat) g.) Pursuant to 6 e will not be ji	05.0207 (sted as th
record specifies a delayed effect d is filed.	ive date, but	not an effec	tive time, i	at 12:01 a.ms.	on the earli	erof:(b) T	he 90th day afi	er the
04/19		2024						
Dated			<u> </u>					
Dated	Alla				of a member			

Filing Fee: \$25.00