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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

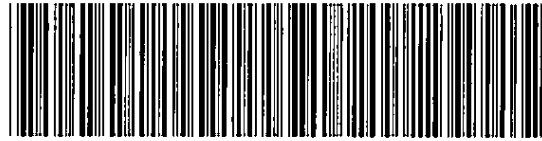
(Document Number)

Certified Copies _____

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2024 MAR-8 PM 3:02
TALLAHASSEE, FLORIDA

HUNT
03/08/24

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-3870 • 1-800-342-8062 • Fax (850) 222-1222

SUNDOMA LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
☒ Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

STATE
TALLAHASSEE, FL

2007-3-9 AM 8:36

ED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNDOMA 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:

Artem Gavrilov

Name of Person

artgav@gmail.com

Firm/Company

2196 Venice Dr

Address

South Lake Tahoe, CA 96150

City/State and Zip Code

artgav@gmail.com

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

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STATE
TALLAHASSEE, FL
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For further information concerning this matter, please call:

Artem Gavrilov

at (408)

636-8248

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNDOMA 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 2/20/2024 and assigned
Florida document number L24000088854.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 | AZHAN LLC | 1309 COFFEEN AVENUE STE 1200 | <input type="checkbox"/> Add |
| | | SHERIDAN, WY 82801 | <input checked="" type="checkbox"/> Remove |
| | | 2196 Venice Dr | <input type="checkbox"/> Change |
| AMBR | ARTEM GAVRILOV | South Lake Tahoe, CA 96150 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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AM 3:36
FL

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

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 March 8, 2024

Artem Gavrilov

Signature of a member or authorized representative of a member

Artem Gavrilov

Typed or printed name of signee

Signature Certificate

Reference number: ZNOMS-G6BAB-8RHGP-PEU6K

Signer

Timestamp

Signature

Artem Gavrilov

Email: artgav@gmail.com

Shared via link

Sent:

08 Mar 2024 14:31:03 UTC

Viewed:

08 Mar 2024 14:33:40 UTC

Signed:

08 Mar 2024 14:39:17 UTC

Artem Gavrilov

IP address: 73.93.73.52

Location: Saratoga, United States

Document completed by all parties on:

08 Mar 2024 14:39:17 UTC

Page 1 of 1

2024 MAR -8 AM 8:37
CLERK OF STATE
TALLAHASSEE, FL
ED



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