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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|---|--------|
| | iy Solutions LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Nikita A Pukhalskiy | | |
| | | Name of Person | |
| | Pukhalskiy Solutions LLC | | |
| | | Firm/Company | |
| | 11381 Oyster Creek Rd | | |
| | | Address | |
| | | | |
| | | City/State and Zip Code | |
| | nick@trinityrestoration.cor | (to be used for future annual report notification) | |
| For further information | n concerning this matter, please o | · | |
| Nikita A Pukhalskiy | • | 971 407-6773 | |
| Name of Person | | at () Area Code Daytime Telephone Number | |
| Enclosed is a check for | r the following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | Lane I |
| P.O. Box 6 | n Section Corporations | 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

| Pukhalskiy Solutions LLC | | | | |
|---|--|--|--|---------------------------------------|
| (Name of the Limit | ed Liability Compan (A Florida Limited Li | y as it now appears of ability Company) | ı our record <u>ş.</u>) | |
| The Articles of Organization for this Limited L Florida document number L24688090275 | iability Company v | vere filed on Febru | ary, 20, 2024 | and assigned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name o | f the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabilit | y Company," the desig | nation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | _ . | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent: | 4 | idress on our reco | rds, <u>enter the nan</u> | ne of the new registered |
| New Registered Office Address: | 11381 Oyster Cr | | <u>.</u> | |
| | Enter Florida street address | | | |
| | Jacksonville | | , Florida <u></u> | 2218 |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this | er and complete p stered agent as pi | performance of my rovided for in Cha | rauties, and Lam- ipter 605, F.S. Or, | jamuuarwun ana., Eifihis documenTs |

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> | Type of Action |
|--------------|--------------------|--|----------------|
| AMBR | Anita S Pukhalskiy | 8649 A C Skinner Pkwy Apt 132 Jacksonville, FL 32 | 225 □Add |
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| an enceare dute is iisted, the date into | ck does not meet the applica | | | | |
| iote: If the date inserted in this blo | namment of State & records | | | | |
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