

8/13/24, 3:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

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Account Number : 120220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BENDI CARE LLC

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TALLAHASSEE

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COVER LETTER

(((H24000271809 3)))

TO: Registration Section
Division of Corporations

SUBJECT: BENDI CARE 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:

ROMAN SHUMUNOV

Name of Person

BENDI CARE LLC

Firm/Company

800 SE 4TH AVE SUITE 711

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

info@miaccounting.us

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

For further information concerning this matter, please call:

ROMAN SHUMUNOV

305 610 - 2704

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

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

(((H24000271809 3)))

RENDI CARE 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 03/08/2024 and assigned
Florida document number L24000113259

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)

1070 MONTGOMERY RD UNIT 788

ALTAMONTE SPRINGS, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1070 MONTGOMERY RD UNIT 788

ALTAMONTE SPRINGS, FL 32714

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:

1070 MONTGOMERY RD UNIT 788

Enter Florida street address

ALTAMONTE SPRINGS

Florida 32714

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000271809 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROMAN SHUMUNOV	1070 MONTGOMERY RD UNIT 788	☐ Add
		ALTAMONTE SPRINGS, FL 32714	☐ Remove
			☒ Change
AMBR	ANTON KARLINSKYI	1070 MONTGOMERY RD UNIT 788	☐ Add
		ALTAMONTE SPRINGS, FL 32714	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Change

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