

L24000147927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

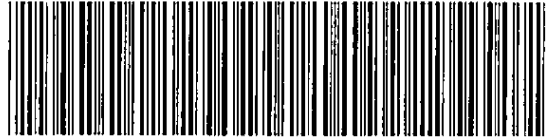
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FILED
2024 JUN 14 PM 1:15
Sec. 12

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: TestoCore HRT Solutions 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:

Anastasiia Karukina

Name of Person

TestoCore HRT Solutions LLC

Firm/Company

3567 Moon Bay Circle

Address

Wellington FL 33414

City/State and Zip Code

info@testocorehrt.com

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

For further information concerning this matter, please call:

Yuri Karukin

561 8507198
at ()

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

N/A

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

TestoCore HRT Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 JUL 14 PM 1:16

The Articles of Organization for this Limited Liability Company were filed on 3/7/24 and assigned
Florida document number L24000147927

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:

4733 W. Atlantic Ave Suite C8

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach FL 33445

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:

Anastasiia Karukina

New Registered Office Address:

3567 Moon Bay Circle

Enter Florida street address

Wellington

, Florida 33414

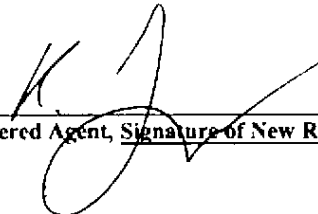
City

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



[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 05/01/2024

Signature of a member or authorized representative of a member

Anastasiia Karukina

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2024

ANASTASIIA KARUKINA
3567 MOON BAY CIRCLE
WELLINGTON, FL 33414

SUBJECT: TESTOCORE HRT SOLUTIONS LLC
Ref. Number: L24000147927

We have received your document for TESTOCORE HRT SOLUTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 424A00011661

