## La4000ass03

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

Office Use Only



500432066275

07/11/24--01029--003 ++55.00

SECRETARY OF STATE
TALLAHASSEE, FL

94 #= -- **DK** 9. 1

## **COVER LETTER**

TO: Registration Se Division of Cor					
INDONES SUBJECT:	IA MIAMI LLC				
SCHOLECT.	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SVETLANA FELDMARI	ς			
		Name of Person			
	INDONESIA MIAMI LLO				
		Firm/Company			
	1334 CITRUS HILL ROA	D			
	·	Address	· · · · · · · · · · · · · · · · · · ·		
	PALM HARBOR FL 3468	33			
		City/State and Zip Code			
	feldmarks@gmail.com E-mail address: (	to be used for future annual report notific	ration)		
For further information c	oncerning this matter, please c	all:		2024 SEC	
SVETLANA FELDMA	RK	954 882-4991 at ()		ALLA ALLA	LYANGE
Name o	f Person	Area Code Daytime	Felephone Number	SECRETARY OF STAT TALLAHASSEE, FL	
Enclosed is a check for the	he following amount:			H 2: 7 年 STV 年 STV	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus & M	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDONESIA MIAMI LLC			<u> </u>
( <u>Name of the Lim</u>	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited I	Liability Company were filed on	JUNE 11 2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	v here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or agent and/or		ır records, <u>enter the na</u>	
Name of New Registered Agent:	SVETLANA FELDMARK		L II PA
New Registered Office Address:	1334 CITRUS HILL ROAD	Claritania de Alexan	2: 2: STAT
	PALM HARBOR	Florida street address , Florida <u>3</u>	4683
	City	, riolida _	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>	Type of Action
AMBR	KFIR SEGEV	2334 CITRUS HILL RD PALM HARBOR FL 34683	3 ■Add
			□Remove
			□Change
			_ □Add
			□Remove
			□Change
			2024 -
			2024 JUL 11 JOH 2: 22  SECRETARY OF STATE  TALLAHASSEE, FL
<del></del>			M 2: 22
			□Remove
			_ Change
			□Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			□Remove
			□ Change

		_
		_
_		_
_		_
_		_
		_
_		
-		-
-	· · · · · · · · · · · · · · · · · · ·	_
-		_
=		_
<u>-</u>		2024
-		- 1
-	TARY AHAS	- <u>-</u>
-		
-	T⊅ F S	.2
-		-
Note:	다 <u>수</u>	5.0207 (
e recor rd is fi	d 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 ed.	er the
	25 June 2024	
Dated	All.	
Dated	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00