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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
MOSTOVO SUBJECT:	OY TRUCKING GROUP LLC	:	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VIKTORIIA MOSTOVA		
		Name of Limited Liability Company  e(s) are submitted for filing.  this matter to the following:  MOSTOVA  Name of Person  TP.UCKING GROUP LLC  Firm/Company  NY BAY DR APT 203  Address  626  City/State and Zip Code  19@gmail.com  all address: (to be used for future annual report notification)  er, please call:  1954  108165  109 Area Code  Daytime Telephone Number  t:  Fec & S55.00 Filing Fec & S60.00 Filing Fec.	
	Penclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  VIKTORIIA MOSTOVA  Name of Person  MOSTOVOY TP.UCKING GROUP LLC  Firm/Company  12012 TUSCANY BAY DR APT 203  Address  TAMPA FL 33626  City/State and Zip Code mihailmostovoj09@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  (KHAILO MOSTOVYI  954 3108165		
		Name of Person  GROUP LLC  Firm/Company  APT 203  Address  City/State and Zip Code  m be used for future annual report notification)  1:  954  3108165  at (	
	Name of Person  MOSTOVOY TRUCKING GROUP LLC  Firm/Company  12012 TUSCANY BAY DR APT 203  Address  TAMPA FL 33626  City/State and Zip Code mihailmostovoj09@gmail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:		
		Address	<del></del>
	TAMPA FL 33626		
		· ·	<del>-</del>
			EX
For further information c		•	Heation
MYKHAILO MOSTOV	YI		
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	
Registration S		Registration Sec	ction
Linuicion of C	Ornorations	Dissiple - FO:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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ty Company were filed on 07/08/2024	and assigned
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limited liability company here:	
"Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
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tered office address on our records, <u>enter</u> e <u>re</u> :	the name of the new regist
Enter Florida street addres	2X
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, FI	orida Zip Code
	ability Company as it now appears on our record orida Limited Liability Company)  ty Company were filed on   97/08/2024  g:  limited liability company here:  "Limited Liability Company," the designation "LLC":  DDRESS)  dered office address on our records, enterre:  Enter Florida street address, Florida street address addres

## 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>	Name	Address	Type of Action
MGR	MYKHAILO MOSTOVYI	12012 TUSCANY BAY DR APT 203	
		TAMPA FL 33626	□Remove
		<del></del>	□ Change
MGR	VIKTORIIA MOSTOVA	12012 TUSCANY BAY DR APT 203	□Add
		TAMPA FL 33626	= Remove
			🗅 Change
<del></del>			□ Add
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reffective date is listed, the date must te: If the date inserted in this block	be specific and cannot be prior	to date of filing or more th	an 90 days after filing.) Pursua	ant to 605.0207
ument's effective date on the Dep			unements, this date witt no	oc fisica as
cord specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
s filed.				
	2021			
August 7th	2024	<u> </u>		
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ed	1.00	mk,		
	SAM	MA designation of a	member	
	Signature of a member or auth	Marized representative of a	member	

Filing Fee: \$25.00