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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KIMBERLY RUSSIAN LLC

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71 1

## COVER LETTER

SUBJECT: The enclosed Articles of A	RUSSIAN LLC  Name of Lim  mendment and fee(s) are sub	ited Liability Company		
The enclosed Articles of A	Name of Lim	ited Liability Company	and the second s	
	mendment and fee(s) are sub			
	mendment and fee(s) are sub			
Please return all correspon-	dence concerning this matter	to the following:		
	Mike Town			
		Name of Person		
	Legalzman.com, Inc.			
		Firm/Company		
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	Address			
	Austin, TX 78717			
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Englisher information co.	b-mail address: ( neerning this matter, please c	to be used for future annual report notifi	ration)	
Mike Town		800 773-0888		
Name of I	Person	at () 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 Tollahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

KIMBERLY RUSSIAN LLC

...1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability C</u> (A Fiorida Lii	ompany a <u>y it now appears on our records.)</u> nited Liability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number: 1.24000388372	pany were filed on and assigned and assigned
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 "LLC."
Enter new principal offices address, if applicable:	7901 4th St N, Ste 300
(Principal office address MUST BE A STREET ADDRES	St. Petersburg, FL 33702
m us the Standbackler	7901 4th St N, Ste 300
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, Fl. 33702
(Mannag anaress 1971 1971 1997 1997 1997)	
Name of New Registered Agent:	ed office address on our records, enter the name of the new shere:
New Registered Office Address:	Finter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered A	
	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
I	Changing Registered Agent. Signature of New Registered Agent
P	age 1 of 3

To:

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

Title	Name	Address	Type of Action
AMBR	RUSSIAN, KIMBERLY		Add
			☐ Rentove
		7901 4th St N STE 300 St. Petershurg, FL 33702	<b>⊟</b> Change
			□ Add
			☐ Remove
			_ ☐ Change
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			☐ Remove
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			D ∧dd
grammer de la Management la plan			□ Remove
			□ Change

(If an i <u>Note</u>	ertive date, if other than the date of filing:  1 2 1 2024 (optional)  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 (  1 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as timent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	September 30th, 2024.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00