W

L24000400068

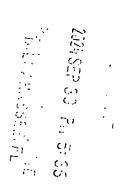
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	

Office Use Only



200437305462

09/30/24--01015--015 **25.00



COVER LETTER

TO: Registration So Division of Cor			
	lutions LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rauf Verdiev		
		Name of Person	
	Caspian Solutions LLC		
		Firm/Company	
	233 3rd St N		
		Address	
	St. Petersburg, Florida, 337	701	
	caspian.solutionsllc@gmail.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	
Rauf Verdiev		813 588-2590 at ()	
Name o	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres		Street Address: Degistration Section	
Registration : Division of C		Registration Section Division of Corporations	:
P.O. Box 632		The Centre of Tallahasse	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caspian Solutions LLC	_		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our reco d Liability Company)	ords.)	
he Articles of Organization for this Limited Liability Compan	y were filed on 09/13/2024		and assigned
lorida document number [1.2400040006]			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L	.LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
Principal office address MUST BE A STREET ADDRESS)		31	65 22 23
			70 70
		: 	(A) -
nter new mailing address, if applicable:		37.8556	<u></u>
Mailing address MAY BE A POST OFFICE BOX)			<u>्</u>
Mulling address MAT BE A FOST OF FICE BOAY		1	C)
		! <u>",</u>	σı
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name	of the new registe
Name of New Registered Agent:			
New Registered Office Address:	F . Fl	,	
	Enter Florida street ada	tress	
		Florida	
	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

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>	Address	Type of Action
AMBR	Rauf Verdiev	14202 42nd St. #502d, Tampa, Fl, 33613	🗆 Add
			□Remove
AMBR	Oktay Khasiyev	14202 42nd St, #502d, Tampa, Fl, 33613	⊒ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
		<u> </u>	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

<u></u>					
					 _
				<u>,</u> ,	
			<u> </u>		
-					
					
					
V	•				
ective date, if other than the	date of filing: _			(optional)	
effective date is listed, the date must e: If the date inserted in this blo	ock does not meet	the applicable st			
ument's effective date on the De	epartment of State	's records.			
cord specifies a delayed effective ified.	e date, but not an o	effective time, at	12:01 a.m. on the 6	arlier of: (b) The 90th	h day after the
incu.					
cd September 21	20	024			
	Rauf Ver	ndiar.			
				· -	
	Signature of a mem	ber or authorized r	epresentative of a me	niber	