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(Requestor's Name)
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2024 DEC -3 PN 4: 36 SECRETARY OF STATE

COVER LETTER

Division of Co				
Bond 13 I	.LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Tymofii Bondarenko		•	
		Name of Person		-
		Firm/Company	<u>.</u>	-
	827 Jeffords St			5.5
	-	Address		蓝色艺
	Clearwater, FL 33756		,	PER O
	entityspecialist@1800accou			2024 DEC -3 PH 4: 36 SECRETARY OF STATE
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report nall:	otification)	36
Tymofii Bondarenko	Ç ,	321 456-6112 at ()		
Name	of Person		time Telephone Number	r
Enclosed is a check for	the following amount:		•	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addre	<u>285:</u>	Street Address:	C	

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

Bond 13 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000458086		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	SECRETARY OF SHE new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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	Tymofii Bondarenko	827 Jeffords St	□Add
		Clearwater, FL 33756	□Remove
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effective date is listed, the date must be: If the date inserted in this bloom	be specific and cannot be prior to	o date of filing or mor	e than 90 days after	filing.) Pursuant to	605.02
iment's effective date on the Der	partment of State's records.	ore statutory rining	requirements, this	s date will not be	nsied
ord specifies a delayed effective filed.	date, but not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b) The 90th day a	after th
November 19	2024	_ •			
	Tymofii Bondi	arenko			
		,-,			-