

M22000011234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

J. HORNE
MAR 31 2023

Office Use Only



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2023 MAR 30 AM 8:50
RECEIVED
TALLAHASSEE, FL

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2023 MAR 30 PM 3:23
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 622521 8318253

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : March 29, 2023

ORDER TIME : 1:43 PM

ORDER NO. : 622521-005

CUSTOMER NO: 8318253

FOREIGN FILINGS

NAME: ELEMYY IOP LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elemy IOP LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yury Yakubchyk
Name of Person

Elemy IOP LLC
Firm/Company

6303 Blue Lagoon Drive, Suite 400
Address

Miami, FL 33126
City/State and Zip Code

legal@elemy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yury Yakubchyk at (415) 5280789
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Elemy IOP LLC

Enter new principal office address, if applicable: 270 Lafayette Street, Suite 200

(Principal office address
MUST BE A STREET ADDRESS) New York, NY 11225

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX) _____

2. The Florida document number of this limited liability company is: M22000011234

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/19/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Advance IOP LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Olex Kal'tsev, Kristal Swope and Amit Khanna as authorized persons.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Olex Kal'tsev	6303 Blue Lagoon Drive, Suite 400	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
AP	Kristal Swope	6303 Blue Lagoon Drive, Suite 400	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
AP	Amit Khanna	6303 Blue Lagoon Drive, Suite 400	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Yury Yakubchyk

Signature of the authorized representative

Yury Yakubchyk

Typed or printed name of signee

Filing Fee: \$25.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ELEMV IOP LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ADVANCE IOP LLC" ON THE NINTH DAY OF FEBRUARY, A.D. 2023, AT 4:25 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Jeffrey W. Bullock, Secretary of State

6895102 8320
SR# 20231219938

Authentication: 203040849
Date: 03-30-23

You may verify this certificate online at corp.delaware.gov/authver.shtml