

L22000194044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

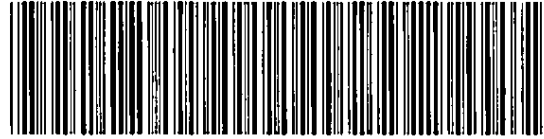
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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

2022 AUG - 2 PM 2: 53

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG - 2 AM 9: 20

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Incorporating Services, Ltd.

1540 Glenway Drive
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ORDER FORM

TO	Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051	FROM	Melissa Moreau 850.656.7953
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REQUEST DATE 8/2/2022 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1059560

ORDER ENTITY
AQUILINA 3706 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

AQUILINA 3706 LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 AUG -2 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AQUILINA 3706 LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 11, 2022 and assigned Florida document number 1.22000194044.

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 "L.L.C."

Enter new principal offices address, if applicable:

(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 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SORKIN, LEONID	337 E 41ST ST	<input type="checkbox"/> Add
		NEW YORK, NY 10017	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SORKIN, NATALIA	337 E 41ST ST	<input type="checkbox"/> Add
		NEW YORK, NY 10017	<input checked="" type="checkbox"/> Remove
	MIKHAIL SORKIN, as Trustee of the Natalia Sorkin Grantor Retained Annuity Trust dated October 16, 2007		<input type="checkbox"/> Change
AMBR		337 E 41ST ST	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SORKIN, MIKHAIL	337 E 41ST ST	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 2 2022

Mikhail Sorokin

 Signature of a member or authorized representative of a member

Mikhail Sorokin

 Typed or printed name of signee