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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/28/2021			##TI/AIV N
202.22	ITH HIDIOCHO BRIVE		₩ALK E
ENTITY NAME 320 SO	JTH HIBISCUS DRIVE, LI	<u></u>	
			
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	egistration So ivision of Co			
SUBJECT		H HIBISCUS DRIVE, LLC		
SOBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Gryska Sotolongo		
			Name of Person	
		Thomas G. Sherman, P.A		
			Firm/Company	
		90 ALMERIA AVENUE		
			Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		GRYSKA@UNIONTITLE	SERVICES.COM	
		E-mail address: (to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
GRYSKA	SOTOLONG	n	305 448-5898 EXT, 204	
	Name o	f Person	Area Code Daytime Telephi	one Number
Enclosed is	a check for the	ne 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)
	ailing Addres		Street Address:	
		orporations	Registration Section Division of Corporation	ons
P.	O. Box 632	7	The Centre of Tallahas	
Ta	illahassee, I	FL 32314	2415 N. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

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TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed	on <u>09/19/2018</u>	and assigned
Florida document number L18000222332		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	iny here:	
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:	SE A	2021
(Principal office address MUST BE A STREET ADDRESS)	二部	
	11.78	(A) (A)
	ASSEE.	
Enter new mailing address, if applicable:	Πσ	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	프	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of	the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	er Florida street address	

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.

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II amending Authorized rerson(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
MGR	KARVARA KUKHNO	2201 COLLINS AVE. UNIT UPH-6	🗆 Add
		MIAMI BEACH, FL 33139	≣Remove
		2020 North Bayshore Drive Unit # 4502	□Change
MGR	ILYA KARPOV	Miami, FL 33137	= Add
			Remove
		SECR	2021 Change
			Sa γ
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ecord specifies a delayed effective is filed.	e date, but not an effe	ctive time, at 12	:01 a.m. on the ear	lier of: (b) The 90)th day after	r th
JULY 23 ted	2021	-				
	10					
()	-DZ81BA804AD043A Signature of a member	un models of				

Filing Fee: \$25.00