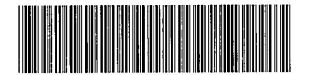
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor			a	
ZAITSEV	FAMILY INVESTILLC			
SUBJECT?	Name of Lim	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:		
	EVGENII ZAITSEV			
		Name of Person		
		Firm/Company		_
	1600 TAFT ST 420			2023FI SECR TAL
		Address		
	HOLLYWOOD, FL 33020	9		-8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -
		City/State and Zip Code		
	INFO@CORONATAXUS/	A.COM to be used for future annual report noti	fication)	PM 2: 02 SSEE, FL
For further information c	concerning this matter, please c	·	,	111
EVGENH ZAITSEV	γ	954 646-2777		
	of Person	at ()	e Telephone Num	 lber
		•	·	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certifi	Filing Fee, feater of Status & fed Copy onal copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro		o 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAITSEV FAMILY INVEST LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000042228</u> .	were filed on 01/23/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	hty 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: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	SECRETARY OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
Name of New Registered Agent:	
New Registered Office Address:	Enter 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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EVGENII ZAITSEV	1600 TAFT ST 420	■Add
		HOLLYWOOD, FL 33020	□Remove
			Change
			□Add
			[]Remove
			Change
			NAdd SEC
			SECRETARY OF STATE TALLAHASSEE, FI
			□ Remove
			IChange
			□Remove
			Change
			□Add
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ffective date, if other the an effective date is listed, the answer of the feetive date inserted in locument's effective date of	date must be specifi this block does	ic and cannot be pri- not meet the appl	icable statutory f	r more than 90 days a	otional) fter filing.) Pu this date wil	rsuant to 605.0 I not be listed
record specifies a delayed of is filed.	effective date, bu	it not an effective	time, at 12:01 a.	m. on the earlier of:	(b) The 9	0th day after t
Pated		- Mary				
	Signature	of a member of au	thorized represents	tive of a member		
		~ · · · · · · · ·	, <i>V</i>			