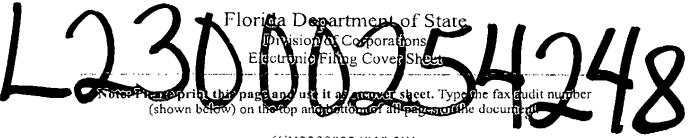
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2704

Fax Number

: (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALION LLC

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Page Count	06
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COVER LETTER

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TO: Registration Se Division of Cor			•	
AI ION LL	С		· ·	
SUBJECT:		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:		
	GERMAN MOLODCHIK	ov		
		Name of Person		
	AI ION LLC			
		Firm/Company		
	1819 WILSON ST			
		Address		2025
	HOLLYWOOD, FL 33020)		4 363 37. Video 35.
	info@misccounting.us	City/State and Zip Code		126 ASSI
	-	to be used for future annual report notific	ation)	ြို့တို့ ည ြ
For further information of	oncerning this matter, please c	all:		PHI2:
GERMAN MOLODCH	KOV	305 610-2704 at ()		57
Name o	f Person		Felephone Number	
Enclosed is a check for t	he following amount:			
≢ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & Y
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations Hahassee Street, Suite 810	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on a cimited Liability Company)	ur records.)
ompany were filed on 05/24/20	and assigned
ed liability company here:	
ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
ESS)	
	2022
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	2 LS
office address on our record	ls, enter the name of the new registere
	9m &
ps 325 F	
Enter Piorida str	vet address
	FloridaZip Code
•	zap Cnae
Agent:	in 16 ml man and a second with it
mplete performance of my a ent as provided for in Chapt	city: I juriner agree to compty with the luties, and I am familiar with and ter 605, F.S. Or, if this document is nfirm that the limited liability
	ed liability company here: ed Liability Company," the designa ESS) Office address on our record Enter Florida to City Agent: Indiagree to act in this capace implete performance of my dent as provided for in Chapt

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: (((H23000224919 3))))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GERMAN MOLODCHIKOV	1819 WILSON ST	Add
		HOLLYWOOD, FL 33020	□Remove
			CiChange
			L]Add
			[]Remove
			Li Change
			□Add
			- Fig. 2 -
			26 PH I2: 58
			Li Change
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			□ Change
			□Add
			
			☐ Change 、
			(((H230002249193)))

Page: 8 of 8

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
			
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E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.020 e listed a	07 (3)(b) as the	
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 record is filed.	after the	e	
Dated 23 JUNE 2023			
Signature of a member authorized representative of a member	_		
GERMAN MOLODCHIKOV			
Typed or printed name of signed	-		

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Filing Fee: \$25.00