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SECRETARY OF STATE ON SECRETARY CORPORATION

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

RUSSIAN AMERICAN CHAMBER OF SOUTH FLORIDA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALLA K. RIOS Name of Person RUSSIAN AMERICAN CHAMBER OF SOUTH FLORIDA LLC Firm/Company 4581 WESTON ROAD, SUITE 220 Address WESTON, FL 33331 City/State and Zip Code accounts@racsouthflorida.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALLA K. RIOS 292-1397 Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Fiting Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSSIAN AMERICAN CHAMBER OF SOUTH FLORIDA LLC

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

(A Florida Limited Liability Company)

(A Florida Limited La	ibility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on July 08, 201	0 and assigned
Florida document number L10000072086		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ty company here:	
RUSSIAN-SPEAKING AMERICAN CHAMBER OF SOUTH FLORI	DA LLC	
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 ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>e</u> 	nter the name of the new registered
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutie ovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
If Chang	ng Registered Agent, <u>Signat</u>	ure 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	07/25/2022
	Signature of a member or authorized representative of a member
	ALLA K. RIOS Typed or printed name of signee

Filing Fee: \$25.00