119000105998

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	☐ MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates o	Status
Special Instructions to Filing Officer:	
J. HORN DEC 29	E 2022
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SECRETARY OF ST

Sunshine State Corporate Compliance Company

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

DATE 12/28/2022	**WALK IN**
ENTITY NAME 1800 FL	ORIDA HOLDINGS, LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXX	Plain Copy Certified Copy
	Certificate of Status
£	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICATE	ES REQUESTED
TOTAL OWED \$ 25.00	ACCOUNT # 120160000072 4: C >> W
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:

Registration Section Division of Corporations

1800 FLORID. SUBJECT:	A HOLDINGS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Klara Fishman-Sitbon, Esc	q .		
		Name of Person		•
	Law Offices of Fishman-S	Sitbon, P.A.		
•		Firm/Company		-
	80 SW 8th St., FL 20			
		Address		-
	Miami, FL 33130			
•		City/State and Zip Code		-
k	fishman@fsplegal.com			
_	E-mail address: (to be used for future annual repo	ort notification)	
For further information conce	erning this matter, please ca	all:		
Klara Fishman-Sitbon		305 423-70 at ())77	
Name of Per	son	Area Code I	Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:			
≅ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations	The Centre 2415 N. M	n Section f Corporations of Tallahassee onroe Street, Suite 8	10
Division of Corp P.O. Box 6327	orations	Division of The Centro 2415 N. M	f Corporations of Tallahassee	10

ARTICLES OF AMENDMENT	7
TO	~
ARTICLES OF ORGANIZATION	1. J.
OF	1
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• ,	ARTICLES OF AMENDMENT TO	Tecords.
	ARTICLES OF ORGANIZATION OF	The And De
1800 FLORIDA HOLD	•	36,00 11.13
(Name	of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
	Limited Liability Company were filed on 04/17/2019	and assigned
Florida document number L19000105	998	
This amendment is submitted to amer	d the following:	
A. If amending name, enter the net	v name of the limited liability company here:	
The new name must be distinguishable and c	ontain the words "Limited Liability Company," the designation	n "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 applic		
Mailing address MAY BE A POST (DFFICE BOX)	
B. If amending the registered agent agent and/or the new registered offi	and/or registered office address on our records, ce address here:	enter the name of the new registered
•		
Name of New Registered Ag	ent:	
New Registered Office Addr	Enter Florida street	addese
	Enter Fibrial Street	CHALL ESS
	City	, Florida 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>	Address	Type of Action
MGR	Igor Mazur	19111 Collins Ave. Unit 2805	□Add
		Sunny Isles Beach, FL 33160	■Remove
MGR Anna Yelfimova	19111 Collins Ave. Unit 2805	■ Add	
		Sunny Isles Beach, FL 33160	
			□Add
			□Remove
			□Add
		□Remove	
		□Change	
			□ Add
		Remove	
		Change	
			□Add
			□ Remove
			Change

. .	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
· ·	
 	
	•
vote: If the date inserted in thi	the date of filing:
record specifies a delayed effe is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 27	2022
	Signature of a thember or authorized representative of a member
	Signature of a thember or authorized representative of a member on, Esq., as Authorized Representative

Filing Fee: \$25.00