49000218882

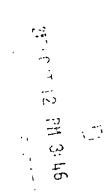
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COVER LETTER

1,

TO: Registration Section

Division of Cor	porations		
	STRIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAMES DURKIN		
		Name of Person	
		Firm/Company	
	1330 SW 7TH STREET		
		Address	
	BOCA RATON, FL 33483		
		City/State and Zip Code	
	JAMESJDURKIN@YAHO E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
JAMES DURKIN		561 7031182	ne Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone 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)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	-
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L19000218882	Liability Company	were filed on 08/27/2019	and assigned	
This amendment is submitted to amend the fol	lowing:			
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 Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	1330 SW 7TH STREET BOCA RATON, FL 33486		
		10071111011.122		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records	, enter the name of the new registe	
Name of New Registered Agent:	Kotlyarov Law	Offices PLLC		
New Registered Office Address:	4910 Communication Ave, Suite 200		9 cart 1 - 3	
	Enter Florida street		et address - 3	
	BOCA RATO		, Florida 33431 (8) Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing				

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	Peter Dacchille	6417 TERRA ROSA CIRCLE	□Add
		Boynton Beach, FL 33472	■Remove
			□Change
MGR	Eduard Kotlyarov Jr.	1330 SW 7TH STREET	= Add
		BOCA RATON, FL 33486	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

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ective date, if other than effective date is listed, the date: If the date inserted in the ument's effective date on the series of the date on the series of the date of the series of the date of the series of the	e must be specific and his block does not r	d cannot be prior meet the applic	able statutory fill	more than 90 days	optional) rafter filing.) Purs s, this date will r	uant to 605.02 not be listed :
cord specifies a delayed eff s filed.	ective date, but no	t an effective ti	me, at 12:01 a.m	, on the earlier	of: (b) The 90tl	h day after th
ed September 28th		2021	- 11 11			

Filing Fee: \$25.00

Typed or printed name of signee

Eduard Kotlyarov, Jr.