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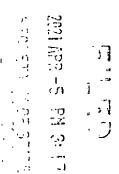
(Requestor's Name)
(Address)
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(Only) Chalcollips Hollowy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

1714	ision of Cor	porations			
eun ie <i>e</i> t.	232 NE 12		-	•	
SUBJECT:	-	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please return	all correspo	ndence concerning this matter	to the following:		
		Yuri Klebanov			
			Name of Person		237
		232 NE 12 AVE 303			7921 APR
			Firm/Company	<u></u> ;	· · · · · · · ·
		56 VAN ORDEN AVE			
			Address		PH 3: 17
		SUFFERN, NY 10901			1 1
			City/State and Zip Code		
		vonabelkinc@gmail.com	to be used for future annual report not	36	
				meation	
For further in	iformation c	oncerning this matter, please c	all:		
Yuri Kleban	ov		973 495-92-94 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	iling Addres		<u>Street Address:</u> Registration Se	ection	
	_	orporations	Division of Co		
P.C). Box 632	7	The Centre of		1.0
Tal	lahassee l	FI 32314	2415 N. Monro	oe Street. Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

232 NE 12 AVE 303

company has been notified in writing of this change.

(Ivanie of the fami	(A Florida Limited Liab	ility Company)	(60.03.7)	
The Articles of Organization for this Limited L	iability Company we	re filed on 02/27/2020	and assigned	
Florida document number L20000065476				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability	y company here:		
232 NE 12 AVE 303 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 applie	cable:		j j	
(Principal office address MUST BE A STREE			1	
17 melpan office and environment by 1991			1 70 11	
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	
	_			
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:		nter the name of the new register	
Name of New Registered Agent:	RNC LEGAL c/o I	RYAN N. CHAE		
New Registered Office Address:	2450 HOLLYWOO	OD BLVD. SUITE 305		
	Enter Florida street address			
	HOLLYWOOD		. Florida <u>33020</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	per and complete per istered agent as pro	rformance of rhy dutie vided for in Ghapter 6	s, and I am familiar with and 605, F.S. Or, if this document is	

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
			□Add
		_	Remove
			□Change
			Remove
			Change
			Add
			P
			□Change
			Remove
			Change
			□Add
			Remove
			□ Change
			□Remove
			∏Change

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effective date is listed, the date m	ne date of filing: ust be specific and cannot be prior to	o date of filing or more than 9	0 days after filing.) I	ursuant to 605.02
e: If the date inserted in this ument's effective date on the	block does not meet the applica Department of State's records.	ble statutory filing require	ments, this date w	ill not be listed
	F			
cord specifies a delayed effect	ive date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The	90th day after th
filed.				
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	Let of	X1 1011 -		

Typed or printed name of signee