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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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,
(Document Number)
(Socialient Nomber)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Fur.	Het L	<u> </u>		
(Name of the Limited I	<u>Liability Company</u> Florida Limited Lia	as it now appears of pility Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L20000</u> 3	ility Company w	ere filed on		and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>ie limited liabilit</u>	y company here	<u>;</u>	
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	3675	Pembroke	Rd H.B2 4, 33021
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	nollyn	vood, Fa	-, 33021
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> .			
B. If amending the registered agent and/or regi agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:	Salavat	HEAD	nerov	<u> </u>
New Registered Office Address:	36 75	Pembr Enter Florid	OKL Rd a street address	St. BW
-	Kolly	v ood	, Florida	5+, B2 33021 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

COVER LETTER

TO:	Registration Se Division of Cor					
		Funtek	LLC			
SUBJE	CCT:		ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	to the following:			
		Salavat	Akhmero Name of Person	v		
		Beer	Akhmero Name of Person Online LLC Firm/Company			
		3675 R	mbroke Rd S	7.B2		
		Hollywoo	od, FL 33 Od City/State and Zip Code	1	s ≥	<u> </u>
		Belgn MINT E-mail address: (i	City/state and 2p Code Code	ication)	SECRETAR TALLAHA	} }
For fur	ther information c	oncerning this matter, please ca	ill:			
	hana Name o	Farkharova f Person	2 at (754) 6-10-76 Area Code Daytime	GOO Telephone Number	ECRETARY OF STATE TALLAHASSEE.	
Enclose	ed is a check for th	ne following amount:				
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	Salavat Akhmero	v 3535 S Oceandr # 1206, Hollywood, F.	XAdd L,33019
			□Remove
			Change
			□Remove
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			[]Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
an effective ote: If the	late, if other than the date of filing:	i)(b ie
record spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
ated	10/14/2022. Add Nasipola Salward Akhir Signature of a member or authorized representative of a member Addi Nasipola Salward A	U
_	Signature of a member or authorized representative of a member	L
	Typed or printed name of signce	4