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(Requestor's Name)				
(Address)				
(Addross)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Registration Section Division of Corporations

TO:

CENTRSV SUBJECT:	ET LLC	·
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Rustam Junusov	
		Name of Person
	CENTRSVET	
		Firm/Company
	17100 Collins Ave 210	
		Address
	Sunny Isles Beach, FL 33	160
		City/State and Zip Code
	Rustam@velumdesign.com	
	E-mail address: (to be used for future annual report notification)
For further information of	oncerning this matter, please c	all:
Emilia Fernandez		305 890 1746 at ()
Name of Person		at () Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our r	records.)
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/16/2020}{\text{Florida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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)	_
	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
	<u> </u>
	<u>့</u>
B. If amending the registered agent and/or registered office address on our records, <u>e</u> agent and/or the new registered office address here:	enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street a	uldress
City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	r
I hereby accept the appointment as registered agent and agree to act in this capacity.	

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
AMBR	Evgeny Shchegolev	935 Weeping Willow Way, Hollywood, Florida 3301	.9 ≡ Add
			□Remove
			□Change
AMBR	Sakhapova Zemfira Ilgizarovna	935 Weeping Willow Way, Hollywood, Florida 3301	9 ≣ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change
			_ 🗆 🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if r	necessary.)
		
	<u> </u>	
		
	<u> </u>	
		<u> </u>
		
	ist be specific and cannot be prior to date of filing or more than 90 days a lock does not meet the applicable statutory filing requirements.	
the record specifies a delayed effective cord is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
Dated June 15	. 2021	
	Rustam Junusov Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Rustam Junusov		
	Typed or printed name of signee	

Filing Fee: \$25.00