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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phono	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	10/5	2021 JH
	Office Use Or	



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SECRETARY OF STATE

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KECE/VED

COVER LETTER

TO: Registration Division of C			•
SUBJECT:	Oficia FL	LL C	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Ale	× MileS Name of Person	
		Name of Person	
	(Firm/Company	
	2035_ <i>NE</i>	Address	emi Boach Fl 33160
	alex@c	City/State and Zip Code	
For further information	E-mail address: (a concerning this matter, please c	to be used for future annual report no	otification)
Alow A	Mes	. 105) 08	9 _ 2012
Alex 1 Name	of Person	at (<u>305</u>) Q8 Area Code Dayti	ime Telephone Number
Enclosed is a check for	the 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 Adda		Street Address:	
Registration Division of	Section Corporations	Registration S Division of Co	
P.O. Box 63	327	The Centre of	
Tallahassee	, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Other FL			
(Name of the Limited Liab (A Flor	ility Company as it now appear ida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	3/18/21	and assigned
lorida document number	<u>7</u> .		
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the li	mited liability company he	re:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or register	ed office address on our re	cords, <u>enter the nan</u>	ne of the new registe
gent and/or the new registered office address here	:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	City		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 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
	Andrew Reznik	345 E 93 to Street 4A New York NY 10128	XAdd
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			□Change
			□Add
			□ Remove
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			□Add
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ective reffect	date, if other than the date of filing: _ ive date is listed, the date must be specific and ca	nnot be prior to d	ate of filing or mor	optic	onal) filing \ Pursuant to 6	ดร ถวก
<u>te:</u> If	the date inserted in this block does not mee	t the applicable	statutory filing	requirements, this	date will not be li	sted as
umen	's effective date on the Department of Stat	e's records.				
cord s s filed	pecifies a delayed effective date, but not an	effective time,	at 12:01 a.m. or	the earlier of: (b)) The 90th day af	ter the
s mea						
_	to lead at					
ed	10/4/21	·				
	· ·	1 .	$\boldsymbol{\tau}$			
	Signature of a mer	harles	d representative o	f a member		

Filing Fee: \$25.00