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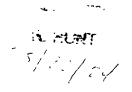
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Definition depicts
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	999 Preci	OUS LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
		Name of Person	k,y_
	999	Firm-Company	
	5748 F	Ox Hollow Address	D2 #D .
	Boca C	A ton FL City/State and Zip Code Nicial Out be used for future annual report not	S3486 Clook.com
For further information e	oncerning this matter, please cal	l:	. 0
MAKSA Name o	n 2a Jaski	at (<u>43</u> 9) <u>7 5 Area Code Daytii</u>	9 - 55559 ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

999 Pricions LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $05/07/21$ and assigned Florida document number 21000213788
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: 999CLASSICS 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 applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RAFON FL 3348
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5748 FOX Hollow D2 APT # D
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: MAKSIM 20SLAUSK-Y New Registered Office Address: MAKSIM 20SLAUSK-Y Enter Florida street address
BOCA City, Florida 338/86

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.

f 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
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