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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

•					
SUBJECT:	9572 Abbot LLC, a Flo	orida Limited Liability Con	npany		
JOHANOT	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
		Yuriy Sakovich			
		Name of Person			
	9572 Abbo	t LLC, a Florida Limited L	iability Company		
	 -	Firm/Company			
		Address			
		Brooklyn, NY 11235			
		City/State and Zip Code			
		estend9197@yahoo.com to be used for future annual re			
For further information c	oncerning this matter, please c				
				<i>⇔</i> 	2021
Yuriy Sakovich		at ()	363-6325 Daytime Telephone Number	<u> </u>	
Name o	f Person	Area Code	Daytime Telephone Number	7.7	2024 JEN 16
Enclosed is a check for the	he following amount:			დე ლუ	:01 HB
≊ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified (e of Status	& <u>~</u>
Mailing Addres Registration		<u>Street Add</u> Registrat	ress: ion Section		
Division of C			of Corporations		
P.O. Box 632			re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oot LLC, a Florida Limited Liab		
(Name of the Limite	d Liability Company as it now appear: A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	05/19/2021	and assigned
lorida document numberL21000233490	·		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applica	ible:		
Principal office address MUST BE A STREET	TADDRESS)		
			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	<u> </u>		
			20° 5
3. If amending the registered agent and/or re		cords, <u>enter the na</u>	me of the new regist
gent and/or the new registered office addres	<u>s here</u> :		
			777 6
Name of New Registered Agent:			: \ -<
New Registered Office Address:	17070 Collins Avenue, Suit	e 261	OF S
	Enter Flori	da street address	- F2
	Sunny Isles Beach	, Florida	FL 33160
	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
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			on □ Change
			SCORE STATE
			F CHECKER
		 	□Add
			□Remove
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record specific l is filed.	es a delayed et	Tective date, b	ut not a	ın effecti	ive time.	at 12:01	a.m. on	the earlie	er of: (b)	The 90th	day after t
ated	Januar	y 10	·	2024							
	for 1	2.//									
	٠	/ >			authorize						

Filing Fee: \$25.00