## Florida Department of State Division of Copporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTHENTIC CHARISMA LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Authantic Charisma LLC

New Registered Agent's Signature, if changing Registered Agent:

Addiction Charisma LLO		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000233173	Company were filed on 05/18/22	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	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 AD.	DRESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe	and office address on our records enter the na	me of the new register
<ol><li>If amending the registered agent and/or registered and/or the new registered office address here</li></ol>		ine of the new register
		202 3 Al
Name of New Registered Agent:		- 12 ac
New Registered Office Address:		三菱型 兰州
isew Registered Office Address.	Enter Florida street address	9 AH
	, Florida	Zip Code
	•	

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>	<u>Address</u>	Type of Action
MGR	RATTI, ANDREAS	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	<b>⊠</b> Remove
			□Change
MGR	Iryna Stepanenko	7901 4TH ST N STE 300	i⊠ Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□ Change
•	ASSESSAGE AND AS		□Add
			□Remove
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable s	e of fitting of more than 30 days after t	iling.) Pursuant to 605,0207 (3
he record specifies a delayed effective d ord is filed.	ate, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated October 19	2022		
	enature of a member or authorized	representative of a member	
		Topo Carlante Of a memori	
Morgan Noble	Typed or printed nar		