L22000235120

(Re	equestor's Name)	· · ·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	_	
	J. HORNE OCT 10 2022	
	OCT 10 2022	

Office Use Only



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ALLAHASSEE, FLORIS

RECEIVED

ECRETARY OF THE

COVER LETTER

PO: Registration Section Division of Corpo			
SUBJECT: AMC	O Genera Name of Limited	\ LLC	<i>&</i>
30 bire 1	Name of Limited	d Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submi	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Ivan C	Strous Kii	X
		Name of Person	
	-	Firm/Company	
	2316 BAY 1	Address	χ
	Miami Be	ach FL. 33 City/State and Zip Code	141 x
		o be used for future annual report notifi	ď.
For further information co	ncerning this matter, please ca	H:	
Ivan Osta	ROVS Kii Person	at (781) 366 Area Code Daytime	3735 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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

FUED

3

OF

2022 OCT 10 PH 2:59

AMCO Genera	SECRETARY OF SY as it now appears on our records.) (ability Company)
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 22000 \Rightarrow 35720$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)-	2316 BAY DR. APt. 9 Miami Beac Florida 33141
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2316 Bay Dr. Apt 9 Miami Beach, FL. 33141
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 23/6 1 Mia	Ostrovskii BAS dr. Apt 9 Mianni Beach F Enter Florida street address mi Beach, Florida 32/4/ City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with the

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

Title	<u>Name</u>	Address	Type of Action
m6R	Ivan Ostrouskii	2316 BAY DR.	🗆 🗆 Add
		APT.9	□Remove
		Miami Beach, FL3	3141 (Change.
			🗆 Add
			□Remove
			Change
			🗆 Add
	·		□Remove
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Dated 10/10/2022 Signature of a member or authorized representative of a member	d is filed.	
Signature of a member or authorized representative of a member	Dated	0/10/2022
Signature of a member or authorized representative of a member		
	ペ _	Signature of a member or authorized representative of a member
		Ivan Ostrovskii Typed or printed name of signee

Filing Fee: \$25.00