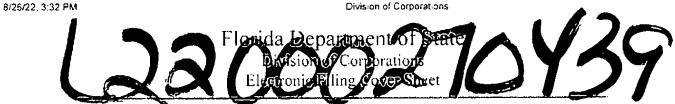
Division of Corporations



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(((H22000289911 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : 120200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLAVA ENTERPRISE LLC

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To:

(((H22000289911 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLAVA ENTERPRISE LLC		
(Name of the Limited I)	inbility Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L22000270439</u>	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the at	observation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>enter</u> e address here:	the name of the new
New Registered Office Address:	Einer Florida street address	<u>~~: </u>
	rmer reordas street adaress Florida	108 T.
-	City	Tim Code W

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 Changing Registered Agent, Signature of New Registered Agent

(((H22000289911 3)))

17865137810

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	Name	Address	Type of Action
AMBR	SHIRINYAN,GARY P	15805 BISCAYNE BEVD #201	Add
		NORTH MIAMI BEACH, FL 33161	■ Remove
			□ Change
AMBR	SEIRANOVA, MARIETA	11330 OTSEGO ST #101	Add
		NORTH HOLLYWOOD, CA 91601	Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			Change
			Remove
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D 10		(((H2200D289911 3)))	titional charge if my weams	
D. Hame	ending any other inform	nation, enter change(s) here: (Attach add	ntional sheets, y necessary.)	
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(If an eff <u>Note:</u>	If the date inserted in this	nust be specific and cannot be prior to date of filing oblock does not meet the applicable statutory for Department of State's records.	or more than 90 days after filing.) Pursuar	t to 605,0207 (3 kb) be listed as the
If the red (b) The	cord specifies a delay 90th day after the re	ed effective date, but not an effectivecord is filed.	re time, at 12:01 a.m. on the	earlier of:
•		1		
Dated	AUGUST, 24TH	2022		
TAICG				
		W.		
		Signific of a member or authorized representa	tive of a member	

To:

Page 3 of 3

Typed or printed name of signee

SHIRINYAN, GARY P