5/16/23, 2:19 PM

Division of Corporations

(((H23000181707 3)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000181707 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page: 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118 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.

C 1 1	Address:				
-maii	Address:				

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Ĺ

Corporate Filing Menu

Help

MAY 1 6 2023 K Brumble ((iH23000181707 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLAVA ENTERPRISE LLC		
(Name of the Limited Lie (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	·
The Articles of Organization for this Limited Liabili Plorida document number L22000270439	ity Company were filed on 07/07/2022	and assigned
his amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words.	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered office :	registered office address on our records, <u>enter</u> address here:	the name of the n
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		σ .
-	Enter Florida street address	P.
_	, Florida	<u> </u>
	City	7ip Codes N

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

Page: 4 of 5

To:

2023-05-16 18:25 57 GMT

17865137810

If amending Authorized Person(s) authorized to mamageogeneur (the) title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Seiranova Marieta	11330 OTSEGO ST #101	∩ Add
		N HOLLYWOOD, CA 91601	■ Remove
			Change
AMBR	Shirinyan Gary	15805 BISCAYNE BLVD STE 201	Add
		AVENTURA, FL 33160	☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			Change
		 	Add
			□ Remove
		.	☐ Change
			
			🗆 Remove
			□ Change

	Page; 5 of 5	2023-05-16 18:25:57 GMT	17865137810	From: Paloma Duarte
D. If ar	nending any other informa	ion, enter change(s) here: fAttach add ((H23000181707 3)))	itional sheets, if necessary.)	
		η(π.23600101101 3η)		
				<u> </u>
				
				<u> </u>
			<u> </u>	_
			·	
				
				·
				<u> </u>
E. Effe	ctive date, if other than the	date of filing:	(optional)	605 0307 (2)161
Note	If the date inserted in this blo	ck does not meet the applicable statutory fil		
docu	iment's effective date on the De	partment of State's records.		
**			41.	
if the r (b) Th	ecord specifies a delayed ne 90th day after the reco	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the ea	riler of:
	·			
Date	d MAY 10	. 2023		
		Signature of a member or authorized representati	ve of a member	•
		Shirinyan Gary		_
		Typed or printed name of signee		

To:

Page 3 of 3