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(Re	questor's Name)	
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SECRETARY OF STATE CORPORETIONS

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COVER LETTER

	egistration Se ivision of Cor		,	•	
eum mesu		TUSVILLE LLC		· ,	
SUBJECT	:	Name of Lim	ited Liability Company	.,	
The enclos	sed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please retu	irii all correspo	ondence concerning this matter	to the following:		
		Anna Korolova			
			Name of Person		
		Protax Center Inc			
		to the test of the second of t	Firm/Company		
		1679 East 19th Street, STE	2A		
			Address		
		Brooklyn NY 11229			
			City/State and Zip Code		
		info@protaxcenter.com			
1° 6' 4			to be used for future annual report not	ification)	
For further	rantormation c	oncerning this matter, please c	aH;		
Anna Koro	oleva		718 645-0500 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is	s a check for th	ne following amount:			
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>laiting Addres</u> Legistration 5		<u>Street Address:</u> Registration Se	ection	
D	Division of C	orporations	Division of Corporations		
	O. Box 632		The Centre of 2415 N. Monre		
1	allahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUANE THOSVILLE CITC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000271424	y were filed on	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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 register
Name of New Registered Agent:		
New Registered Office Address:	Entan Elani I., com	t a library
	Emer v toridu Mree	
		, Florida
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		enter the name of the new re

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ALON MAMAN	3990 HYDE PARK CIRCLE	≣ Add
		HOLLYWOOD FL 33021	Remove
		 	□Change
MGR	GR MAAG GROUP INC	7901 4TH ST N	□Add
		STE 300	■Remove
		ST PETERSBURG FL 33702	□Change
-			□Add
			Remove
			Change
			□Add
			□Remove
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f an effecti <u>Note:</u> - If t	date, if other than the ive date is listed, the date must the date inserted in this blocks effective date on the De	the specific and cannot ock does not meet the	be prior to date of applicable stat			.) Pursuant to 605,0207
e record sp d is filed.	pecifies a delayed effective	e date, but not an effe	ective time, at 1	2:01 a.m. on the ea	rlier of: (b) Ti	ne 90th day after the
At	JGUST 16	2022	<u> </u>			
	<u> _ </u>					
		Signature of a member	or authorized rep	resentative of a men	ber	

Filing Fee: \$25.00