Florida Department of State Division of Countrations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:			

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **WOLSEN REALTY LLC**

Certificate of Status	0	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolsen Realty LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L22000319425
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address SS &

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Manager	DENIS SMYKALOV	323 Sunny Isles Blvd #700	⊠Add
		Sunny Isles Beach, FL 33160	
			🗆 Remove
			□Change
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Effectiv	ve date, if other than the date of filing	σ:	(ontio	mal)
Note:	ective date is listed, the date must be specific and If the date inserted in this block does not nent's effective date on the Department of S	d cannot be prior to date on the neet the applicable sta	of liting or more than 90 days after	filing.) Pursuant to 605.0207 (3
e record and is file	I specifies a delayed effective date, but not ed.	an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
Dated '	July 27th	2022		
	$\overline{\bigcap}$	•		
			presentative of a member	

Typed or printed name of signee