## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000015653 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2704 : (305)647-6040 Fax Number

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

Email Address:\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LARVIN HOLDING LLC

Certificate of Status	()
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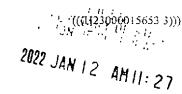
Help

### **COVER LETTER**

(((H23000015653 3)))

TO: Registration S Division of Co			
	HOLDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	VLADISLAV LARVIN		
		Name of Person	
	LARVIN HOLDING LLC		
		Firm/Company	
	800 SE 4TH AVE 711		
	the same we have the statement seems show that	Address	·····
	HALLANDALE BEACH	, FL 33009	
	info@miaccounting us	City/State and Zip Code	
		to be used for fattire annual report not	ification)
For further information	concerning this matter, please e	all:	
VEADISLAV LARVIS	<b>ર</b>	305 610-2704	
Name	of Person	305 610-2704 at () Area Code Daytin	Telephone Number
Enciosed is a check for	the following amount:		
≅ \$25.00 Filling Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	7. \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee ee Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LARVIN HOLDING LLC			
(Name of the Limited Liability Compa (A Florida Limited	<u>iny as it now appear</u> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L22000375676  This amendment is submitted to amend the following:	were filed on 08/	and assigned	
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the do	signation "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:  Name of New Registered Agent:		cords, enter the name of the new registered	
New Registered Office Address:			
	Enter Florala street uildress		
· · · · · · · · · · · · · · · · · · ·	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	Esp Coue	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ec to act in this c performance of . provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is	
	nging Registered Age	nt, 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:

(((H23000015653 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SIRKO WALDEMAR, JOZEF	800 SE 4TH AVE 711	<b>=</b> Add
	•	HALLANDALF BEACH, FL 33009	
			□Change
			\( \text{\tin}\text{\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\ \text{\texi}}\text{\text{\text{\text{\tex{\text{\texi}\text{\text{\texi}\text{\texi}\tilit{\text{\texi}}\tinttitex{\tiint{\text{\texit{\texi}\texit{\text{\text{\tet
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(((H23000015653 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) \_ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 12 JANUARY 2023 Signature of a member optiuthorized representative of a member VEADISLAY LARVIN Noped of printed name of signice

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