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.

(((H230000482193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 : (303)610-2704 Phone Fax Number : (305)647-6040

\*\*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	0
Certified Copy	0
Page Count	06
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Help

file:///C:/Users/aleks\_000/Downloads/LARVIN%20HOLDING%20LLC%201.html

07.02.2023

FEB 03 2023

TO: Registration Se Division of Cor			<i>:</i>
	OLDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VLADISLAV LARVIN		
		Name of Person	
	LARVIN HOLDING LLC		
		Firm/Company	
	800 SE 4TH AVE 711		
		Address	
	HALLANDALE BEACH	, FL 33009	
		City/State and Zip Code	
	info@misccounting.us E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
VLADISLAV LARVIN		305 610-2704	
Name o	( Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration S	Section
Division of C P.O. Box 632	Corporations	Division of C The Centre of	orporations
P.O. Box 632 Tallahassee,			roc Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## (((H2300004821

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

OF .	
LARVIN HOLDING LLC	
(Now a City I instead I inhility Company as it now appears on our record	(15.)

			4.11	・しいびに	
**************************************	, F	lorida _	75	o Code	
	<b>-</b> •		5.55 ##	: 2	
New Registered Office Address:	Enter Florida street addr.		· ·		
				-P	<u> </u>
Name of New Registered Agent:				-1	F-9-4
agent and/or the new registered office address here:				25	
B. If amending the registered agent and/or registered office a	ddress on our records, ente	r the na	me of t	he nev	v register
		<del>V</del>		202	
(Mutung thairess MAT BE AT OST OFFICE BOX)	<u></u>			** ***	
(Mailing address MAY BE A POST OFFICE BOX)					
Enter new mailing address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					-
• •					
Enter new principal offices address, if applicable:					
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the	abbrevia	tion "1.,	L.C."
LARVIN SIRKO HOLDING LLC					
A. If amending name, enter the new name of the limited liabi	lity company here:				
This amendment is submitted to amend the following:					
Florida document number L22000375676					
The Articles of Organization for this Limited Liability Company	were filed on	<del>-</del>		na ass	igned
	$\sigma \in C = 08/26/2022$		_	nd ass	

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

From: MADINA

(((H230000482193)))

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

(((H230000482193)) MGR = Manager AMBR = Authorized Member Type of Action Address Title Name \_\_\_\_\_ □Add □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □ Change \_\_\_\_ □Add ....\_\_\_\_ □Remove □Change \_\_\_\_\_\_ Ū∧dd \_\_\_\_\_ □ Retnove \_\_\_\_\_ □Add □Remove \_\_\_\_\_\_bbA□ □Remove \_\_\_\_\_\_ Change

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Affective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this bloocument's effective date on the De	ick does not meet the applicab	date of filing or more than 90 of le statutory filing requirement	(optional) lays after filing.) Pursuant to 605.020' ents, this date will not be listed as
record specifies a delayed effective d is filed.	date, but not an effective time	e, at 12:01 a.m. on the earli	er of. (b) The 90th day after the
08 FEBRUARY Dated	2023		
/accu	1//	- *	
	Signature of a member of authori	zed representative of a membe	CT
	. <del> </del>	,	
VLADISLAV LARVÍN			

(((H23000048219 3)))

Filing Fee: \$25.00