L22000431490

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			<u>.</u>	
	Cherso Fitn	iess LLC		•	
SUBJ	ECT:				
		Name of Lin	nited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Olga Chernetsova			
		 ·	Name of Person		
		Cherso Fitness LLC			
			Firm/Company		
		18117 Biscayne Blvd #17	76		
		Miami, FL 33160			
		o.chemetsova@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For fur	ther information c	oncerning this matter, please c	all:		
Olga C	Chernetsova		786 721-4309		
			at ()		
	Name o	f Person	Area Code Daytin	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
₹ \$2	5.00 Filing Fee	☐ \$30.00 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)	
	Mailing Addres		Street Address:		
	Registration S Division of C		Registration Se		
	P.O. Box 632		Division of Corporations The Centre of Tallahassee		
	Tallahassee, I			e Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	<u>rdş.</u>)
The Articles of Organization for this Limited Liability Co. Florida document number 92-0657103	ompany were filed on 10-12-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Cherso LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI	
Enter new principal offices address, if applicable:		2923 00.
Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:	·	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	, 1	Florida Zip Code

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

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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□ Change
			
			□ Remove
			□Change
			🖸 Add
			□Remove
			Change
			🗆 Remove
			Change
		 	□Add
			□Remove
			Change

Page 2 of 3

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(If an el	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	10/26/2023
Dated	
	Association of the second of t
	Signature of a member or authorized representative of a member

IRS DEPARTMENT OF THE TREASURY

CINCINNATI OH 45999-0023

Date of this notice: 10-12-2022

Employer Identification Number:

92-0657103

Form: SS-4

Number of this notice: CP 575 G

CHERSO FITNESS LLC OLGA ROMANOVNA CHERNETSOVA SOLE MBR 18117 BISCAYNE BLVD NUM 1776 AVENTURA, FL 33160

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0657103. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.