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(Requestor's Name)	
(Address)	600405
(Address)	
(City/State/Zip/Phone #)	04/04/23016
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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R. HUNT 04/04/23

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divis	ion of Cor	porations				
1	.eonard.Zag	ydvarg.L.L.C				
SUBJECT: _		Name of Limi	ted Liability Company			
The enclosed /	Articles of a	Amendment and fee(s) are sub	nitted for filing.			
Please return a	Il correspo	ndence concerning this matter	to the following:			
		Leonid Zaydvarg				
			Name of Person			
		Leonard.Zaydvartg.LLC				
		****	Firm/Company			
		11134 NW 72 PL				
			Address		~ ;	
		Parkland, FL 33076			1623 A	
		LZaydvarg@gmail.com	City/State and Zip Code		23 A2R -4	.بدود. سراحد
			to be used for future annual report noti	fication) Ω	PH 12: 34	17
For further info	ormation c	oncerning this matter, please co	all:	72	2.3	J
Leonid Zaydya	arg		347 986-6404 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a c	theck for th	ne following amount:				
■ \$25,00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & - opy	
Regi Divi:	ng Addres stration S sion of C Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

leonard.zaydvarg.lle	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
he Articles of Organization for this Limited Liability Company w	vere filed on Jan 26, 2023 and assigned
lorida document number 1.23000048423	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	ty company here:
.conid.Zaydvarg.LLC	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	65 16 16 14
	The state of the s
nter new mailing address, if applicable:	ारां छ विशेष
Mailing address MAY BE A POST OFFICE BOX)	STIP D
	- 3 .
. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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 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	Address	Type of Action
			□Add
			□Remove
			□Change
			⊡Add
			□Remove
			☐ Change
			PM 12: 34
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			□Change

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