L23000084760

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07/17/23--01030--007 **25.00

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13.3 12.2023

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephane Poirier Shelter of Success 2045 Biscayne Bl Stephan E-mul address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee &: Certified Copy (additional copy is eachwed) \$60.00 Filing Fee, Certificate of Status & Centified Copy (additional copy is enclased)

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	X Slavs LLC	
(Name of the Limited Lia (A Flo	bility Company as # now uppears on our records.) orda Limited Liability Company)	2/16/25
	07/05/2	022
The Articles of Organization for this Limited Liabilit	Company were fled on U. I. T. U. J. E.	of gned
Florida document number	204700	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the t	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 NE 1	Lst S ₋ L
(Principal office address MUST BE A STREET AD	DRESS) Floor 8	20-20
•		00400
		33 32
Enter new mailing address, if applicable:	2045 Biscay	vne Blvd
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)	Jnit458 Iviiami	F13313
		022
B. If amending the registered agent and/or registe		ne of the new registered
agent and/or the new registered office address her	<u>re</u> :	,
		· -5
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	7-5
	, 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 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>	Name	Address	Type of Action
		 	□Add
			Remove
			☐ Change
			□ Adđ
			Remove
			□Change
			□Add
		 	□Remove
			□Add
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			□Change
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			□Remove
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			□Remove
		□Change	

. .

D. If amending any other information, enter change(s) here: Attach and thomas on esting mecessary
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· · · · · · · · · · · · · · · · · · ·
1~7
E. Effective date, if other than the date of filling: 07/05/2023 (optional)
(If an effective date is fixted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing a Printment to 605 0207 or a Note: Note: If the date inserted in this block does not meet the applicable statinary friing 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.
Details07/05/2023
Densed07/05/2023 Signature of a contribet of authorized representative of a member
Stephane Poirier

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Filing Fee: \$25.00