## L23000148414

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(Address)	
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## **COVER LETTER**

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Registration Section
Division of Corporations

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Chaim Zalmanov				
		Name of Person			
	L'CHAIM A&V LLC				
		Firm/Company	-		
	4373 nw 124th Ave.				
	<del></del>	Address			
	Coral Springs, FL 33065				
	<del></del>	City/State and Zip Code			
	lchaimav@gmail.com				
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Chaim Zalmanov		718 354-8455 at ( )			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 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 Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co			
P.O. Box 632	27	Division of Corporations The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
ne Articles of Organization for this Limited I	Liability Company were filed on N	March 23, 2023 an	d assigned
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company l	<u>here</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if appli	cable:	·	
Principal office address MUST BE A STRE	ET ADDRESS)		
	<del></del>	20	
		2023 C	
nter new mailing address, if applicable:			
<u> Iailing address MAY BE A POST OFFICE</u>	<u></u>		
			. •
		÷.	. • '
If amending the registered agent and/or ent and/or the new registered office addr		records, enter the name of th	e new regist
ent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:	Chaim Zalmanov		
New Registered Office Address:	4373 nw 124th Ave.		
	Enter Fl	orida street address	-
	Coral Springs	, Florida <sup>33065</sup>	
	City	Zip	Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

AGR = Manager

MBR = Authorized Member

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

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ffective date, if of an effective date is lis ote: If the date ins ocument's effective	ted, the date must be serted in this block	specific and canno does not meet th	ie applicable sta	of filing or more than tutory filing requir	(optional) 90 days after filing.) rements, this date	Pursuant to 605.0207 will not be listed as t
record specifies a d is filed.	elayed effective da	te, but not an efi	fective time, at	2:01 a.m. on the e	earlier of: (b) The	e 90th day after the
ated <u>9///</u>	2023	,				
	Sign	ature of a membe	r or authorized re	presentative of a me	mber	