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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Cartificates r	of Status
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Special Instructions to	Filing Officer:	
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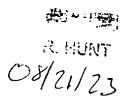


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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KRISTI10, LLC			
Please Debit FCA	000000003 For: 25		
Thank you Seth N	leeley		
Staff	/ 	Art of Inc. FileLTD Partnership File	<b>23</b>
		Foreign Corp. File	
		L.C. File	7. Sept. 1.
		Fictitious Name File	PR #60
		Trade/Service Mark	
		Merger File	<b>6</b>
		Arr. of Amend. File	
		RA Resignation	
		Dissolution / Withdrawal	<del></del>
		Annual Report / Reinstatement	
		Cert. Copy	
		Photo Copy	
		Certificate of Good Standing	
		Certificate of Status	
		Certificate of Fictitious Name_	
		Corp Record Search	
1/		Officer Search	
		Fictitious Search	
Signature		Fictitious Owner Search	
<b></b>		Vehicle Search  Driving Record	
Paguaged by		UCC 1 or 3 File	
Requested by:		UCC 11 Search	
Name	Date Time	UCC    Retrieval	
Walk-In	Will Pick Up		
= - 19- 711		,	

## **COVER LETTER**

Registration Section

TO:

Division of Corp	orations			
KRISTI10, L	.LC:			
SUBJECT:	Name of Limit	rd Liability Company		
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	Samuel S. Blum, Esquire			
		Name of Person		
		Firm:Company		
	2666 Tigertail Avenue, Suit	• •		دم
	2000 Higerian Avenue, Sun	Address		023 AL
	Coconut Grove, Florida 33	133		JG 21
		City/State and Zip Code		<del></del>
	laura@samblum.com  E-mail address: ()	o he used for future annual report not	lication)	ling Fcc, te of Status & Copy copy is enclosed)
For further information e	oncerning this matter, please ea	ili:		Ō
Samuel S. Blum, Esquire	;	305 854-1885		
Name o	ř Person	Area Code Daytin	e 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)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addre	Section	<u>Street Address:</u> Registration So Division of Co		
P.O. Box 63:		The Centre of		
Tallahassee,	FL 32314		7 22203	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRISTIIO, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reclability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 25, 2023	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	488 NE 18 Street		
(Principal office address MUST BE A STREET ADDRESS)	Unit 1815	623	- <del>SE</del>
	Miami, Florida 33132		- 漢류 <del>- 프로</del> 크
		2	
Enter new mailing address, if applicable:	488 NE 18 Street		<u> </u>
	Unit 1815		2 2 2
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33132		• <u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, en		registere
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity te performance of my dutic s provided for in Chapter (	605. F.S. Or, if this docu	ment is

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> </u>	<u>Name</u>	Address	Type of Action
MGR	Larisa Zivenko	488 NE 18 Street	□ Add
		- Unit 1815	□Remove
		Miami, Florida 33132	■Change
MGR	Sergey Zivenko	488 NE 18 Street	
		Unit 1815	
		Miami, Florida 33132	☐ Change
			20 AUC
			2029 AUG 21 PHE2: 40 Cemové
			☐ Change
			□Remove

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	daen af filing:			(optional)		5 07C
Effective date, if other than (If an effective date is fixed, the date Note: If the date inserted in thi document's effective date on the	must be specific and our s block does not mee e Department of Stat	anot be prior to dat t the applicable s e's records.	e of filing or more than S statutory filing require	o) days after tiling.) Pursu aments, this date will n	an in ou or be lis	ated a
			19.01	urlies of (b). The 90th	ı day atî	er th
	active date, but not an	effective time,	at (2:0) aim, on the e			
the record specifies a delayed efference is filed.						
ecord is filed.	1 14	2023				
the record specifies a delayed effectord is filed.    September 9				nibei		

Filing Fee: \$25.00