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(Re	questor's Name)			
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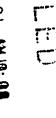
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2023 MAY 31 AM 10: GU SECRETARY OF SINIE





COVER LETTER

TO: **Registration Section Division of Corporations**

INYUSHEI SUBJECT:	FF&CO				
30Date1.	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:			
	Anton Iniushev				
	Name of Person				
	INYUSHEFF&CO				
	Firm/Company				
	17021 N Bay Rd, apt.1023				
	Address				
	Sunny Isles Beach, FI, 3310	60			
		City/State and Zip Code			
	Inyusheff.anton@gmail.com				
	E-mail address: (to be used for future annual report noti	ification)		
For further information of	concerning this matter, please ca	all:			
Anton Iniushev		404 6672909 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address: Registration 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

INYUSHEFF&CO		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000205905	were filed on April 26 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		2029 MAY 31 SECRETARY TALLAHASSI
Principal office address MUST BE A STREET ADDRESS)		ARE A
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		31 AMID: 0
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street address	
	, Flori	do
•		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, 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
AMBR	Anton Iniushev	17021 N Bay Rd, apt.1023	= Add
		Sunny Isles Beach, FI, 33160	Remove
			□Change
			Remove
			□Change
			□Remove
			Change
		<u> </u>	□Remove
			Change
		□Remove	
			Change
		□Remove	
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing 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. Dated May 24 2023 Signature of a member or authorized representative of a member ANTON INJUSHEV Typed or printed name of signee