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Office Use Only



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## **COVER LETTER**

SUBJECT:		Name of Limi	ted Liability Company	
he enclosed Ar	ticles of A	mendment and fee(s) are subr	mitted for filing.	
lease return all	correspon	dence concerning this matter t	to the following:	
		Benjamin Schiff		
			Name of Person	
			Firm/Company	
		1930 Tyler St		
			Address	
		Hollywood, FL 33020		
		westonusa@gmail.com	City/State and Zip Code	
			o be used for future annual report notificati	on)
or further infor	mation cor	ncerning this matter, please ca	III:	
Ben Schiff			954 804-7246 at ()	. •
	Name of I	<sup>3</sup> erson	Area Code Daytime Tel	lephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo

TO:

**Registration Section Division of Corporations** 

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

KESKO GROUP LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company were filed on 05/18/2023	and assigned
lorida document number L23000245831	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
) If we see discussion with a seed of the	Alexander of the Colonian
3. If amending the registered agent and/or registered office address on our records, enter gent and/or the new registered office address here:	the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	• •
Enter Florida street addres	٠
***	

## 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.

City

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	Monta Soto	12411 DUFFIELD AVE	□Add
		WHITTIER, CA 90605	≣Remove
			□Change
AMBR	Guntis Sokolovskis	4516 CUMBERLAND TER	Add
		OAKLAND PARK, FL 33309	
			□Change
			□Add
			□Change
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an effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date	e of filing or more than 90 days after fil	ing.) Pursuant to 605,020
ocument's effective date on the F	lock does not meet the applicable s repartment of State's records.	tatutory rinng requirements, this d	ate will not be fisted a
record specifies a delayed effecti is filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
October 21	2024		
aca	··		
	$\neg$		
	Signature of a member or authorized		