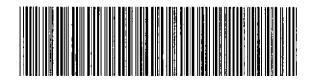
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(Address)
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(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

	ns Ave 2405 LLC		
SUBJECT:	Name of Lim	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexander Galtcheniouk		
		Name of Person	
		Firm/Company	
	17555 Collins Avenue 240	5	21
		Address	DECRETARY OF
	Sunny Isles Beach, FL 33	160	
		City/State and Zip Code	
	agalchy@gmail.com		•
	E-mail address: (to be used for future annual report notification)	9: 50
For further information co	oncerning this matter, please c	all:	
Anna Galtcheniouk		508 280-5477	
Name o	f Person	Area Code Daytime Teleph	one Number
Enclosed is a check for th	ne 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corporation The Centre of Tallaha	
Tallahassee, I		2415 N. Monroe Stree	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17555 Collins Ave 2405 LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company v	vere filed on <u>6/6/2023</u>	and assigned			
Florida document number L23000273928					
This amendment is submitted to amend the following:		7073			
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL3	C" or the abbreviations"L.L.C.			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)		50			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, F	lorida			
New Registered Agent's Signature, if changing Registered Agent:	Ciij	Esp Cine			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, c rovided for in Chapter 605	and I am familiar with and F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

If amending Authonized 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	Alexander A. Galtcheniouk	17555 Collins Ave 2405	≣ Add
		Sunny Isles Beach FL 33160	□Remove
			□Change
			Add Julian Jane
			Atemove T
			□ Change
			DAdd
			□Remove
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ective date, if other than the effective date is listed, the date in e: If the date inserted in this ument's effective date on the	block does not m	neet the applica	o date of filing oble statutory f				
cord specifies a delayed effect filed.	tive date, but not	an effective tir	ne, at 12:01 a.	n. on the earli	er of: (b) Th	ic 90th da	ıy after th
ed June 12		2023	_·				
		Alexander A G		ive of a membe	r		
		> *** ************************			-		