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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABRASHENKOV LLC

Certificate of Status	0
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T. LEMIEUX Help JUL 28 2023

COVER LETTER

TO:	Registration Division of C	Section Corporations		*
SUBJE		HENKOV LLC		
30636	<u></u>	Name of Li	mited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are su	ibmitted for filing.	
Please r	eturn all corre	spondence concerning this matte	er to the following:	
		DMITRII ABRASHENI	cov	
			Name of Person	
		ABRASHENKOV LLC		
			Firm/Company	
		1750 N BAYSHORE DE	R #3812	
			Address	
		MIAMI, FL 33132		
		 	City/State and Zip Code	
		D.V.ABRASHENKOV@		
F 51			(to be used for future annual report not	ification)
For rumi	ner intormatioi	n concerning this matter, please	cail:	
DMITR	II ABRASHE	NKOV	754 270-4813 at ()	
	Name	e of Person	Area Code Daytim	na Telephone Number
Enclosed	d is a check for	the following amount:		
■ \$2 5.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	SSS.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addy Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Taliahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	(A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I Torida document number <u>L23000290816</u>	Liability Company	were filed on <u>06/15/2023</u>	and assigned		
his amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1750 N BAYSHORE DR #3812			
		MIAMI, FL 33132			
Enter new mailing address, if applicable:		1750 N BAYSHORE DR #3812			
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33132			
3. If amending the registered agent and/or gent and/or the new registered office addr	•	address on our records, enter th	e name of the new regist		
Name of New Registered Agent:					
New Registered Office Address:	1750 N BAYSI	HORE DR #3812 Enter Florida street address			

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.

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	DMITRII ABRASHENKOV	1750 N BAYSHORE DR #3812	≣ Add
		MIAMI, FL 33132	□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
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			DAdd
			□ Change
			□Add
			⊡Remove
			Change
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Effective date, if other than (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	O O O C R GO C S HOL THEEL THE	: BURGHICHORY SUBDIES	ng or more than 90 da ry filing requiremen	(optional) ys after filing.) Pursuant to ts, this date will not be	o 605.0207 (3) Elisted as the
he record specifies a delayed effectord is filed.	tive date, but not an effe	otive time, at 12:0	a.m. on the earlier	of: (b) The 90th day	after the
	2023	<u>}</u>			
Dated					

Filing Fee: \$25.00