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FILED

COVER LETTER

TO: Registration S Division of Co			
TRADE T	O CLOSE		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	OLIVIA VOZNENKO		
		Name of Person	
	TRADE TO CLOSE		
		Firm/Company	
	4800 NORTH FEDERAL	HIGHWAY SUITE B200	
		Address	
	BOCA RATON, FLORID	A 33431	
		City/State and Zip Code	
	OLIVIAVOZ2@GMAIL.C	OM to be used for future annual report no	
For further information c	concerning this matter, please c		threation)
OLIVIA VOZNENKO		423 2904000 at ()	
Name c	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	r に 32314	2410 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADE TO CLOSE		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on July 3rd, 2023	and assigned
Florida document number <u>L23000317265</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7023
Principal office address MUST BE A STREET ADDRESS)		100 23 T
Enter new mailing address, if applicable:		C28 P
Mailing address MAY BE A POST OFFICE BOX)		所元 ま ロ
		6 00 FA
•		1.1
B. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	Cin:	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
MGR	OLIVIA VOZNENKO	4800 N Federal Hwy Suite B200 Boca Raton FL 3.	3431 □Add
			■ Remove
			Change
MGR	VOZ MEDIA, LLC	3720 S Ocean Blvd, Highland Beach, FL 33487	■ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
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ffective date, if other an effective date is listed, ote: If the date inserte ocument's effective date.	the date must be specifi d in this block does i	ic and cannot be prio not meet the applic	cable statutory filin	(optio ore than 90 days after g requirements, this	filing.) Pursuant to 60	15.0207 ited as
record specifies a delay is filed.	ed effective date, but	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day aft	er the
DECEMBER 20t	h 	2023	·			
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		of a mamban	orized representative	of a museless		

Filing Fee: \$25.00