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D CUSHING

COVER LETTER

Tallahassee, FL 32314

	egistration Sectivision of Corp						
CHD IEZE		COUTURE 73114 LLC					
SUBJECT	:	Name of Lim	ited Liability Company				
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		EVGENIY RIKOV, CPA					
			Name of Person				
		CFO INTERNATIONAL.	LLC				
			Firm/Company				
		3500 W HALLANDALE	BEACH BLVD				
			Address	<u> </u>			
		HOLLYWOOD, FL 3302.	3				
			City/State and Zip Code	;			
		EUGENE@CFOINTL.CO				ÇO.	20
		E-mail address: (to be used for future annua	l report notificatio	nn)	TO2)21; (
For further	information co	oncerning this matter, please e	all:			一直	2024 OCT -5
EVGENIY	RIKOV, CPA			14-2515		32	
	Name of	Person	at () Area Code	Daytime Tele	phone Number	100 100 100 100	AM 11: 09
Enclosed is	a check for th	e following amount:				111	ja
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy tadditional copy is er		S60.00 Fil Certificate Certified (additional c	e of Statu: Copy	
Re D	ailing Address egistration S ivision of Co	ection orporations	Registi Divisio	Address: ration Section on of Corpora	tions		
P.	O. Box 632	/	The Ce	entre of Tallal	nassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAZING COUTURE 73114 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000331388}{1.23000331388}$	were filed on <u>07/12/2023</u>	an	d assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation	ภา "L.L.	.c."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH	BLVD		
(Principal office address MUST BE A STREET ADDRESS)	STE 111			
	HOLLYWOOD, FL 33023			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the</u>	SECRETARY OF STATE	2021 OCT#5 6H 11 09	registered
New Registered Office Address.	Enter Florida street address			
	Florida	1 Zip (
N. B. C. Land		Zip C	'ode	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further performance of my duties, and La provided for in Chapter 605, F.S.	am familiai Or, if this c	r with docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

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	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 330	
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
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(If an effec <u>Note:</u> II	tive date, if other than the date of filing: (optional) (tive 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)(1) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
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 d.
Dated _	10.4.23
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00