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Registration Section

TO:

Division of Cor	rporations				
	CHEST 93802 LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter	_			
		· · · · · · · · · · · · · · · · · · ·			
	EVGENIY RIKOV, CPA				
		Name of Person			
	CFO INTERNATIONAL.	LLC			
		Firm/Company			
	3500 W HALLANDALE	BEACH BLVD			
		Address		20;	
	HOLLYWOOD, FL 3302.	3		23 NO	4-
	EUGENE@CFOINTL.CO	City/State and Zip Code	· · · · · ·	2023 NOV 28	
		to be used for future annual report notif	ication)	or cr	j'
For further information c	concerning this matter, please c	afl:		9: 2	ď
EVGENIY RIKOV, CP.	A	571 314-2515 at ()		, :: <u>Q</u>	
Name o	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified	te of Status &	
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sec	etion		
Division of C	orporations	Division of Corp	porations		
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monroe		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTISAN CHEST 93802 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 were filed on $\frac{67/12/2023}{1}$ Florida document number $\frac{1.23000331432}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3500 W HALLANDALE BEACH BLVD Enter new principal offices address, if applicable: STE 116 (Principal office address MUST BE A STREET ADDRESS) HOLLYWOOD, FL 33023 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address .Florida __ City

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, F	L 33023 ≡Add
			□Remove
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			□Add
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	10/04/2023		
(If an eff Note:	ve date, if other than the date of filing: (of etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a lifthe date inserted in this block does not meet the applicable statutory filing requirements, ent's effective date on the Department of State's records.	fter filing.) Pursuant to	o 605,0207 (: listed as t
he recor ord is ti	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ed.	(b) The 90th day	after the
Dated	10.9.23		
	Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	_

Filing Fee: \$25.00